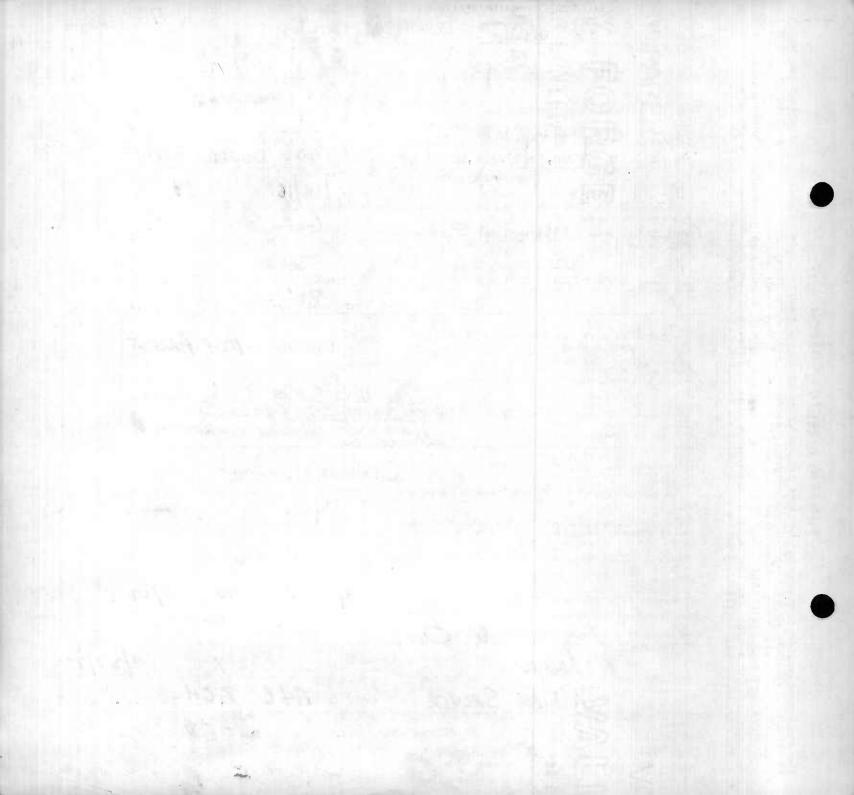
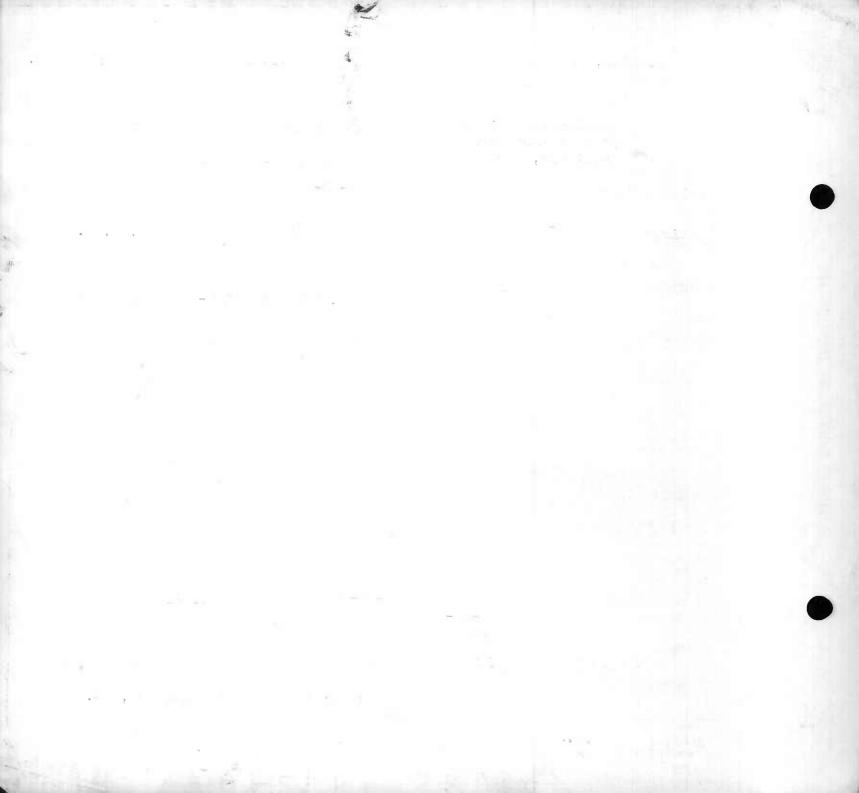
VS 150-REV. 1/1/68



VS 150-REV, 1/1/68



25C. FUNERAL DIRECTO

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

258: NAME OF REGISTRAR

11 to Lafayette Ave. rainally ax lipsure true etale tool rescue 44.0



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

tf Under 24 Hrs.

The Blander C. Haran, O'Co Septem Services

the studies and the latest the state of the

Willow Valley Cemetery

25C. FUNERAL DIRECTOR

Mooresville, N.C.

Leonard J. Ruck, Inc. Balto. Md. 21214

ADDRESS

5/1/70.

25B. NAME OF REGISTRAR

25A. DATE REC'D BY HEALTH DEPL

VS 151-REV. 1/1/68

Tamonday . N . N Cavin Paserul Rons, Scanney 120 8. W.d. SANTO. Stiller Valley Desertory - Houseville, T.C. Legented J. James, Inc. Sollie, St. 21211

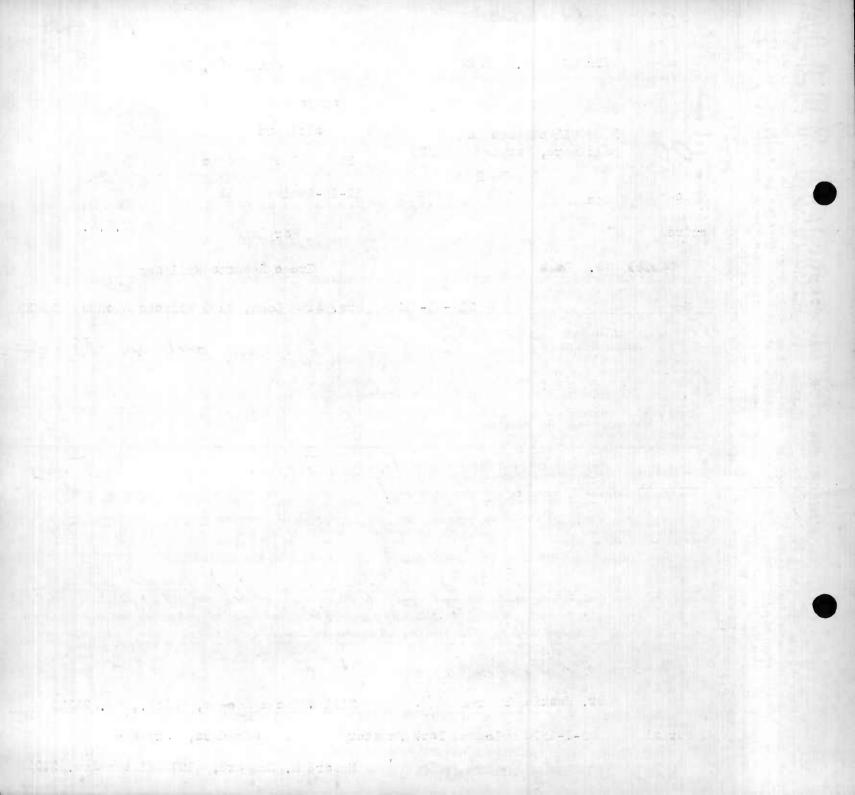
•	1.1	Į
54004	BIRTH NO	Ś
Su	BIRTH NO	(
P. o. d.	3. PLACE	
O O O		
dar d	FULL NA HOSPITAL INSTITUTI	
use ca		
io a ca	19	
de ar	5. SEX	
gul ged sed	FEMA	
re-re-re-re-re-re-re-re-re-re-re-re-re-r	10A, USUA done during	
de in	Но	
×as he	13. FATHE	i
H (4 th		
aloat	15. Was D	L
ting de fin	110	
ande	1 18.	-
Also of oun		
20010	(This hearf	
act act	injury	
A fr	DISEA	1
3 (S L L L L L L L L L L L L L L L L L L	rise UND	•
ial ris; cia as		
die w	OTHER TO TH	
y by by	A DISEA	1
30d 30d the 7sic	THICAT THE THE THE THE THE THE THE THE THE TH	
by 2) l phy force	U 21A. A	
he (F DEATI	
spirate (9)	OTHER TO THE DISEA TO A COLOR OF IN THE DISEA TO A COLOR OF IN THE DISEA TO A COLOR OF IN THE DISEA TO A PARE TO A P	į
na cep		(
thex	22. I	4
al of of be		
sed sed spit eat	23A. \$	
hos d		
acc acc	23 C. P	
An An price		
>≘ o p o	24A. BURI.	
Vs: Vs: D.(Bu	1
the bady was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	25A. DATI	1
* 0 \$ 0 \$	W)?	
	VS 1502-RF	1

8.42	0 70	4507		TE OF DEATH REG. N	70 4507
BIRTH NO. 1. NAME OF DEC	CEASED	SC	HELLHASE	2. DATE AND HOUR OF E April 28, 197	DEATH 0. 1130 P
3. PLACE IN BA	LTIMORE, MARYLAND, W (IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTIT	UNCED DEAD	4. USUAL RESIDENCE (Where deceosed live A, STATE B, COUNTY	ed. If institution: residence before admission) D. INSIDE CITY LIMITS?
90	COULD CONV	ALESARI	UM	E. STREET AND NUMBER	IBBONS AVENUE
5. SEX FEMALE	6. RACE WHI TE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH Dec. 31, 1889.	rs If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of House	working life, even if retired)	10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) Maryland	USA
13. FATHER'S NA		Batteni	berg	14. MOTHER'S MAIDEN NAME Mar	ia Schulz
15. Was Decease (Yes, no unknown	d Ever in U. S. Armed For (It yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO. 219-32-0088D	Mrs. Frieda Koehl	(Same)
O OTHER SIGNI	ANTECEDENT CAUSES OR CONDITIONS, if obove cause (A) G CONDITION last. 11 FICANT CONDITIONS COLOR H BUT NOT RELATED TO THE CONDITION GIVEN IN PARF OPERATION 1998. CON	Stoling the NTRIBUTING HE TERMINAL T 1 (A).	Puls WHICH OPERATION	a consequence of: a sole rote C-Va nonary emple [20A. AUTOPSY? (Ves or No!) 20B/IF YES.	Sease 30 yr
21A. ACCIDE OR CONTRIB	WAS PERF	ORMED 218	PLACE OF INJURY (e.g., in ne, form, foctory, street, of		WERE FINDINGS CONSIDERED CAUSES OF DEATH?
22. I certify that (I) (we and haur an 23A. SJONATI 23C. PHYSICA NAME (24A. BURIAL CREMOVAL BURIAL	ANIS Type) ANIS Type) AMATION, 248. DATE (Specify) 5/1/70	(Hour) 21E Who wo	INJURY OCCURRED Sile At Not Whith At Work The deceased from	19 70 ond that in (my) (or lew the body after death. Med. Director Phys. Director Phys. Director Phys. Balt	Joril 28 19 70 Jopinion deoth accurred on the dote 23B. DATE SIGNED 429770 City, town, or county) (Stote)
25A. DATE REC'E	BY HON PER BER	268. NAM	F RESENTAR	Leonard J. Ruck, Inc	Balto. Md. 21214

and the same Committee of the state of the s · 105524 .co .com. icha co

FUNERAL DIRECTOR: IMPORTANT

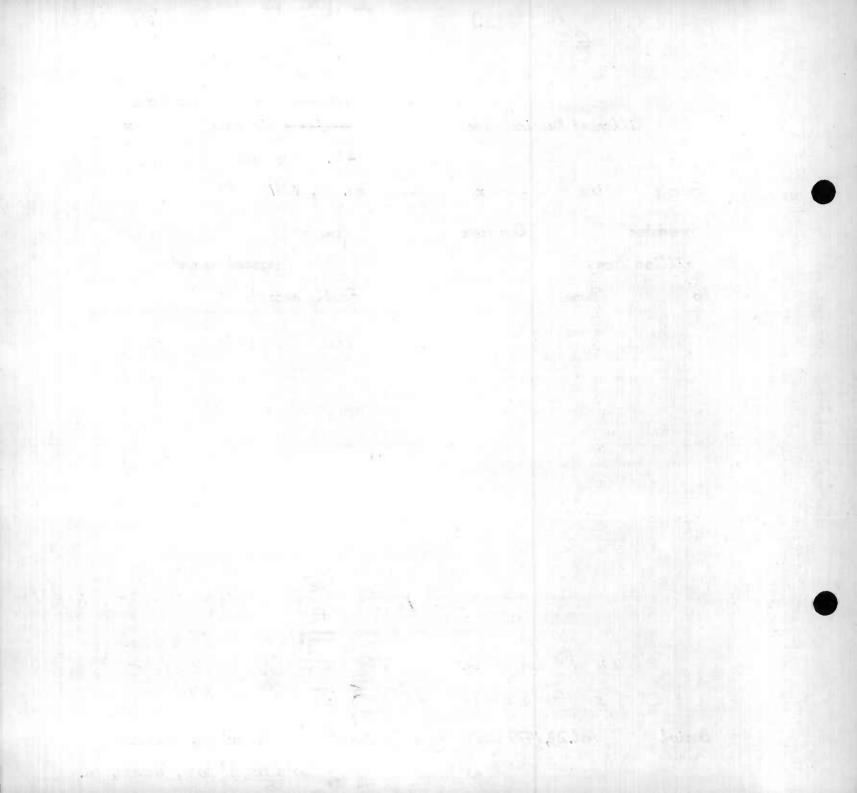
1 200 70 450	BALTIMORE CITY	Y HEALTH DEPARTMENT	
1-200 430	CERTIFICA	TE OF DEATH REG. NO	70 4508
1, NAME OF DECEASED		2. DATE AND HOUR OF DEATH	н
Type of Print) VERNON D.	LOCK	April 28, 1970	0 18A
PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Where deceased lived, if	
NAME OF THE NOT IN HOSPITAL OF	LICENTIAN CIVIC CIRCLE		7582
ULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	Maryland C. CITY OR TOWN D. IN	SIDE CITY LIMITS?
NSTITUTION 2100 TT-11 - A		Baltimore	YES NO
3100 Wilkens Av		E. STREET AND NUMBER	
Baltimore, Mary	land 21223	3100 Wilkens Avenue	
SEX 6. RACE 7. MAR	RIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
Wo 1 - WIDO	WED DIVORCED	11-19-1901 (ast birthdoy) 68	Months Doys Haurs Min.
MAILE White			12. CITIZEN OF WHAT COUNTR
ane during mast af working life, even if retired)			U.S.A.
etired		Maryland	0,50,511,5
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Daniel A. Lock		Irene Roberta Will:	iams
. Was Deceased Ever in U. S. Armed Farces? es,na ar unknown) (If yes, give war or dates af ser	16, SOCIAL	17. INFORMANT	ADDRESS
		A1 - T 1 0100	A 04000
No	215-01-8120 CAUSE OF DEAT	Mrs. Alma Lock, 3100 Will	kens Avenue 21223
1/4/4	0,1002 0, 02,11		BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Pana a la	36 600
(This does not meon the made of dying,	(A)IMMEDIATE CA		was Op The
heart failure, asthenia, etc. It means the dis		A CONSEQUENCE OF:	
injury or complication which coused death.)	10	01/4	
ANTECEDENT CAUSES		hor	
DISEASES OR CONDITIONS, if any, g	iving DUE TO, OR AS	S A CONSEQUENCE OF:	
rise to the obove couse (A) stoling	lhe		
UNDERLYING CONDITION lost.	(C)		
z II		-	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	ING HIC	pertusion	2 yrs
		·-/	E FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
U	TOTAL BLACK OF WITHOUT	in a should be will be the	C'1
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or obout 21C. WHERE DID (If in Baltimaffice bldg., INJURY OCCUR?	are City, give exact location)
DEATH (notify medical examiner)	etc.)		
21D.TIME (Manth) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not Whi		
	Work At Work		4.28 7
22. I certify that (I) (this haspital) atten	ded the deceased from	6.1 18/ 10	7 00 0 19/6
that (I) (we) last saw the deceased alive	on 4.00)	19/0 and that in(my) (aur) a	pinian death accurred an the de
and haur and from the causes stated aba	ve. (1) (We) (did) (did not)		
23AnSIGNATURE	() () () () () () () () () ()	The many offer deaths	23B, DATE SIGNED
(1-1) (9/	AH AH	ending Med. Staff	4.20.70
Insma Dues	cella DEGREE Ph	ys. Director Phys.	1 27 1
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
Dr. Justin Ku	dirka	2151 Wilkens Avenue, Bal	lto., Md. 21223
A. BURIAL CREMATION, 248. DATE 2	4C. NAME of CEMETERY OF CI		(City, tawn, or county) (State)
Burial 5-1-1970	Loudon Park Ceme	etery Baltimore, Ma	arvland
			ADDRESS
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	
MAY 1 YN Vale &	Jassey Mills	Howard Ho Hubbard, 4107	wilkens Ave. 21229
'S 150-REV. 1/1/6B			



D	100	חמו	2-6	20	BALTIMORE CITY	HEALTH DEPARTMENT		70	1 4-00	
BIRTH N		.70	450	19	CERTIFICA	TE OF DEATH	REG. NO	10.0	4508	3
1. NAME	of DECEASED	ERICK GI	EORGE				AND HOUR OF DEATH		4:35 /	^
3. PLAC	E IN BALTIMORE	MARYLAND, W	HERE PRO	NOUNC	ED DEAD	4. USUAL RESIDENCE (V	here deceased lived. It		sidence below od	M.
FULL N	AGNES H	OSPITAL	A1 OR INI	TITLLE		B. CO	UNTY			
HOSTITA	KPINS EAL	DAE 15 (ON LOC)	PENUE	Sund	ON, GIVE STREET	MARYLAND c. CITY OR TOWN	In 181	SIDE CITY LIF	2122	23
BAL	TIMORE	MARYLANI	212	29		BALTIMORE	D. IN	YES X X	NO 🔘	
4	0					E. STREET AND NUMBER			/ /	1
	0					910 WILMIN	GTON AVENU	E /	000	
5. SEX MAL		HITE	7- MARRI WIDOW	ED 🗍	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 01-06-08	9. AGE (in years lost birthdoy)	if Under Months	1 Yr. II Under Doye Hours	24 His. Min.
done durin	AL OCCUPATION of most of working li	(Give kind of work	10B, KIND	OF BUS	SINESS OR INDUSTRY	11. BIRTHPLA CE (Siote or f	oreign country)	12. CITIZ	EN OF WHAT CO	DUNTRY?
	IVERER	,	PUBL	I SH	ERS	MARYLAND		USA		
	ER'S NAME					14. MOTHER'S MAIDEN N	IAME			
	RGE H R				DEC D	(GRAHAM) M	ARY		DE	CID
i5, Wae (Yes, no or	eceased Ever in unknown! (II yes,	U. S. Armed Fore	es? s of service	16.	SOCIAL SECURITY NO.	17. INFORMANT R	ECORD'S BA	LTIMO	ADDRESS) 21	229
NO					15079409	ST AGNES H			& CATON	JAVI
18.	(P5)	(I			CAUSE OF DEATH				APPROXIMATE INT	
		ONDITION DIR	ECTLY			0	1		ETWEEN ONSET AN	D DEATH
(Thie		IG TO DEATH	4		(A) IMMEDIATE CAU		precumon	4		
heori	does not mean foilure, asthenic	, elc. It means	the disease	g., se,		CONSEQUENCE OF:	h	5 A O O		
injury	or complication	which coused	deoth.)	-		Adeno Carcino		ran		
		DENT CAUSES			(B)	¿ mijas	tarn to sp	inal		
DISE	ASES OR CON	IDITIONS, II d	ny, givi	ng	DUE TO, OR AS	A CONSEQUENCE OF:				
UND	ERLYING CONE	OITION last.	stating 1	ne .	(c)	Hilan ned	is Advenal of	aur)		
		11					7	37.2	***************************************	
OTHE	R SIGNIFICANT CO	ONDITIONS CON	TRIBUTIN	G						
DISEA	SE OR CONDITIO	N GIVEN IN PART	1 (A).		***************************************	************			PR 80 80 E E E E E E E E E E E E E E E E E	
OTHE TO THE DISEASE TO A LEGISTRA TO THE DISEASE TO A LEGISTRA TO THE DISEASE TO	ATE OF OPERAT	WAS PERF	ORMED	R WHIC	H OPERATION	YES	No. 208. IF YES, WERE	FINDINGS C	ONSIDERED	
21A.	ACCIDENT WAS	UNDERLYING	12	1 R. PLAC	CE OF INTURY (e.g. in	or obout 21C, WHERE DID				
OR C	ACCIDENT WAS ONTRIBUTING H Inotily medical	CAUSE OF	[h	ome, lo	m, lociory, street, olfi	ce bldg. INJURY OCCUR?	(II In Bolilmo	re City, give	exoct locotion)	
		(Day) (Yeoil								
OF IN	JURY	(Day) (reon		Vhile At	URY OCCURRED	21F. HOW DID IN	NJURY OCCUR?			
(APPR			V	Vork	☐ Al Work					
	certify that (1)					RCH 7,	19 70 to API	RIL 28	3. 19 /	0
that ((we) last so	w the deceosed	l alive an	APF	RIL 28.	19_70ond	that in (my) (our) apl	ntan death	accurred on th	e date
and h	aur and from th	ne causes state	d above.	χ(1 <u>Υ</u> (Ψε	iv (Revenue (Pip) (e	ew the bady after death				io dalla
23A. S	IGNATURE	2		XX.	T XXXX	7 01101 00011		23B, DATE	SIGNED	
		Hursh	han		Atten Phys.	ding Med.	Staff Phys.	4-	28-70	
23C.P	HYSICIAN'S				DEGREE	D. ADDRESS	BALT	MODE	MD 2122	0
DF	AME (Type) ZAHE	ER-KAHN			M. D. S	T AGNES HOSE		INC C	MD 2122	
A. BURI	AL CREMATION, OVAL (Specify)	24B. DATE	24C.	NAME	of CEMETERY OF CREA			ty, town, or o		VE
Bur			0 0-	1						(0)
	REC'D BY HEAL	5-2-197	5B. WAN	OP	od Cemetery	25C. FUNERAL DIRECTO	ltimore, Mar	cyland	ADDRESS	
MAC	11 1970	(bbert)	" Age	Se 19	99.0 0 0	0 0 00		7. 71		220
C 150-PE	V 1/1/6P					Howard H. Hu	ppara, 410/ 1	vilkens	Ave. ZI	429

A CONTRACTOR

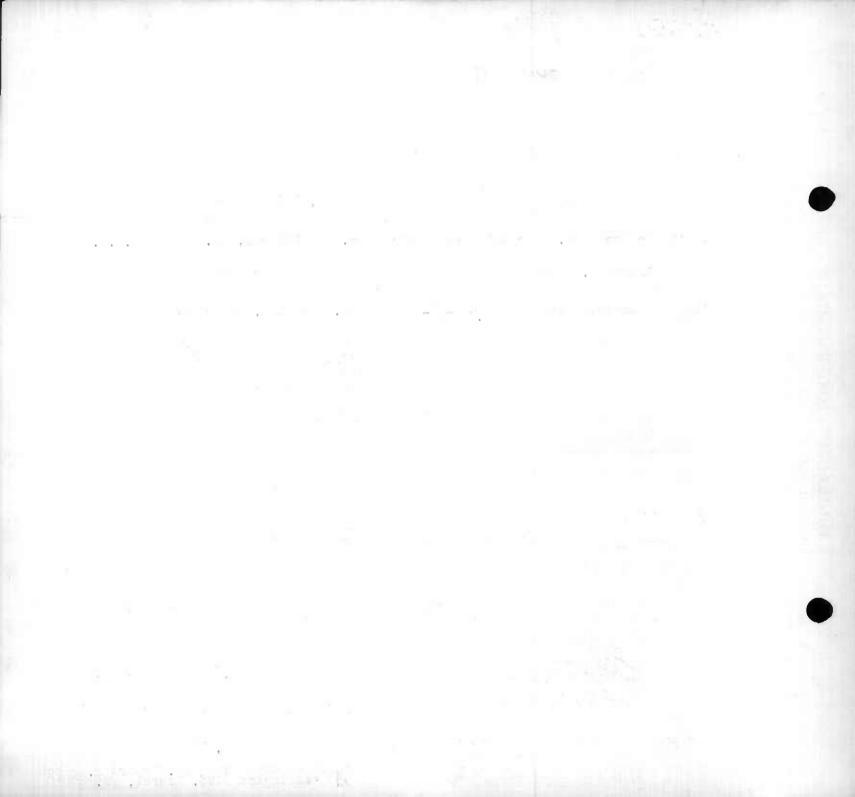
7	70	חל' ו	4 ~~	BALTIMORE CIT	Y HEALTH DEPARTMENT	V	70 4540
6,0	1-521 TH NO.	7 200	45	CERTIFICA	ATE OF DEATH	REG. NO.	70 4510
1, N	AME OF DECI	ASED G. Dis	tzel		2, DATE	AND HOUR OF DEA 120, 1970	тн
3. 1	PLACE IN BALT	MORE MARYLAND, V	VHERE PRON	DUNCED DEAD		here deceased lived.	If institution: residence before admissi
HC	LL NAME OF	(IF NOT IN HOSPITADDRESS OR LOC	ATION)	TUTION, GIVE STREET	Maryland c. city of town Baltimore R	Bala	timore 5300 NSIDE CITY LIMITS? YES X NO \(\)
	90		one of the		E. STREET AND NUMBER R. W. Joppa		1E3 M NO
5, 5	EX	6. RACE	7		B, DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 I
	Female	White	WIDOWE		Jan. 26, 1881	last birthdoy)	Months Doys Hours Min
don		vorking life, even if retired)	Own 1		Maryland		USA
13.	FATHER'S NAM	A E			14. MOTHER'S MAIDEN N	IAME	
	William	Ryan			Marc	paret Howard	l
	Wos Deceased , no or unknown)	Ever in U. S. Armed Fo (If yes, give, wor or dob None		16, SOCIAL SECURITY NO.	17. INFORMANT Family real		ADDRESS
	DISEASES O	plication which caused NTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION last.	any, givin	9	S A CONSEQUENCE OF:		
ATION	TO THE DEATE	II CANT CONDITIONS CO BUT NOT RELATED TO TO DONDITION GIVEN IN PAI	THE TERMINAL RT 1 (A).	***************************************			
RTIFIC	19A. DATE OF		NDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CAL CE	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	ho	B. PLACE OF INJURY (e.g., me, form, factory, street, c.)	in or about 21C, WHERE DID office bldg., INJURY OCCUR?	(If In Bolti	more City, give exoct location)
-	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeat)	W	E. INJURY OCCURRED (hile At Not White At Work Not Work		NJURY OCCUR?	. /
	22. 1 certify	thot (1) (this hospita	l) attended	the deceased from	02/4	19 69 to 6	1-20 19 7
	that (I) (we)	last saw the deceas	ed alive an	4-18.	19 / O and	that in (my) (our)	opinion death occurred on the
	and have and	fram the causes sta	ited obove.	(I) (We) (did) (did nat)	view the body after deat	h.	
	23A. SIGNATU	cent TO	Rua	COO GEGREE Ph	ending Med.	Staff Phys.	23B. DATE SIGNED 4-2-0-70
	23C. PHYSICIA NAME (T)		PUH	2/80 19 D GEGREE	23D. ADDRESS	un Stell	I Anhi ha?
24A	REMOVAL (S	AATION, 248. DATE	24C.	NAME of CEMETERY OF CE	REMATORY 24D	LOCATION	(City, town, or county) (State
	urial	Apl. 23.	1970 0	ruid Ridge (em	etery P	kerville.	n / /
ZJA	DATE BECID	BY HEALTH DENT			OSC FILLIPPAL DITTO	000	aryxana.
	MAY 1	1970 Jaber		OF REGISTRAR	25C. FUNERAL DIRECT		Towson, Md.



the body was released shows Was

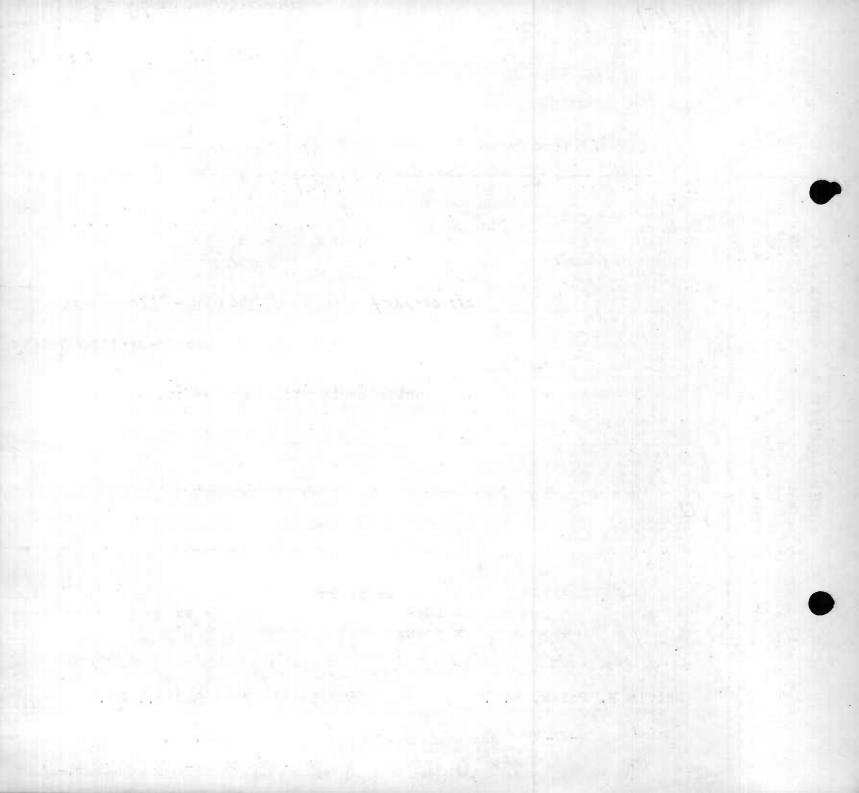
VS 150-REV. 1/1/6B

Amm. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) Anne Arundel D. INSIDE CITY LIMITS? NO V If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (If In Baltimare City, give exact location) ond that in (my) (our) opinion deoth occurred on the dote 23 B. DATE SIGNED (City, town, or county) (State) ADDRESS Laurel Funeral Home Inc. Howard M. Fleck 550 Washington Blvd. Laurel, Md. 20810

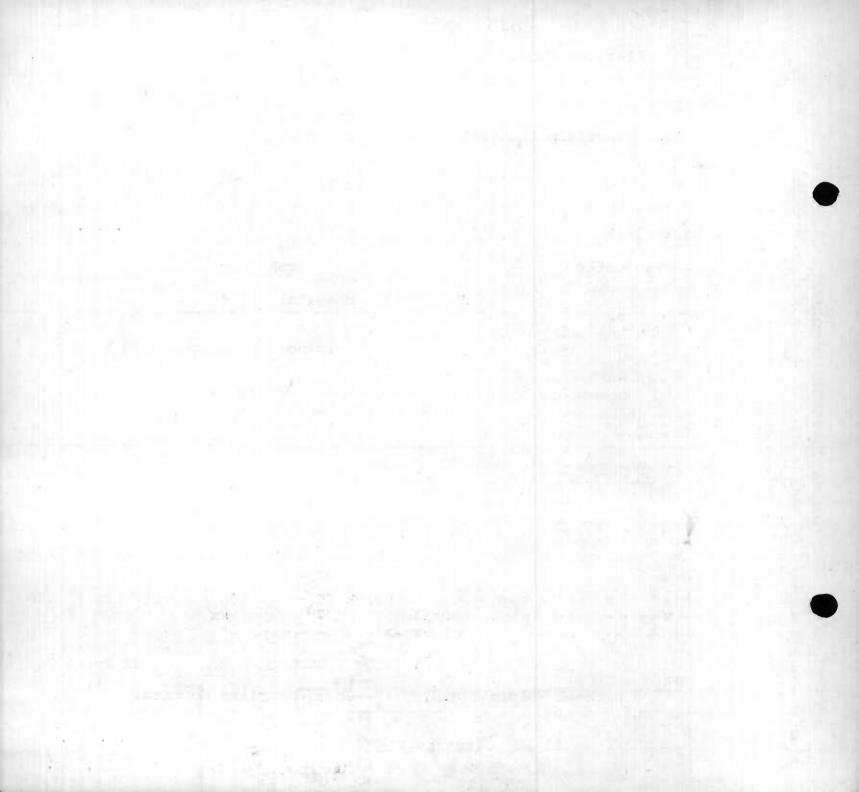


FUNERAL DIRECTOR: IMPORTANT

1 151	BALTIMORE CITY	HEALTH DEPARTMENT		70 4512
H-49/ 70 451	CERTIFICA	TE OF DEATH	REG. NO	4012
Type or Pint)	ington Allenbauch	2. DATE AN	il 24, 1970	10:00 P.
George Washer 3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	RONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If i	nstitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN Baltimore	D. INS	SIDE CITY LIMITS? YES NO
00 4139 Marx Ave	enue	E. STREET AND NUMBER 4139 Marx	Avenue-212	
141 1	RRIED NEVER MARRIED DWED DIVORCED	8. DATE OF BIRTH Feb. 14, 1881	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working life, even if retired) Plasterer See	nd of Business or Industry	11. BIRTHPLACE (State or foreing Balto. Md.	gn country)	U.S.A.
3. FATHER'S NAME	- C. F J.	14. MOTHER'S MAIDEN NAM	ME	
Charles Allenbaugh		Man	ry Leonard	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of ser	vice) 1 6- SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS
No		Miss Ethol V	Benoner - L	1139 Marx Avenue
18. 11 1 9 66	CAUSE OF DEAT	Н	- Jugicoc -	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEA
LEADING TO DEATH	(A) IMMEDIATE CAL	Acute Card:	lac Decom	pensation 3 day
(This does not mean the mode of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the dis injury ar camplication which caused death.)				
ANTECEDENT CAUSES	Arter	osclerotic Ca	ard1oVasci	lar Disease
DISEASES OR CONDITIONS, if ony,	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) slating	the			
UNDERLYING CONDITION last,	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM	TING INAL			
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or No	20B, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., home, lorm, factory, street, o etc.)	ffice bldg. INJURY OCCUR?	(If in Soltimo	ore City, give exact location)
O 21D. TIME (Month) (Doy) (Year) (Hour	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S OF INJURY (APPROX.)	While At Not Whi	le 🗌		
22. I certify that (I) (this hospital) atten			1970 ta	4/24 19.70
		•		, -
that (I) (Ye) last saw the deceased alive			atıu(mλ) (∂δ.Σ αb	inian death accurred an the d
and haur and from the causes stated abo	ove. (1) (Wye) (did) (djagnat)	view the bady after death.	100	COR DATE SIGNED
23A. SIGNATURE	0-00/20 Au	ending Med.	Staff	23B, DATE SIGNED
1149ho 7, 7	OCC / Maggree Phy	s. Director	Phys.	4/26/70
23C. PHYSICIAM'S NAME (Type) Melvin F. Polek, M.	D.	3603 Belair 1	Road Balte	o Md
244 BUBLAL CREATATION DATE	DEGREE	EAAATORY 34D L		City, town, or county) (State
REMOVAL (Specify)	Moreland Memoric			
Burial 4-27-70	Moreland Memoria	Park 25C. FUNERAL DIRECTOR	Dalto. Nd.	Address 5 Belain Rd.=2120
25A. DATE REC'D BY HEALTH DEPT.	AMILOREGISTRAR	John (M:	1-1 1 1.	ADDRESS
MAY 1 1970 Robert E. Tarbe	70000	Jour Co. Mar	ver inc-641	5 Belair Rd2120

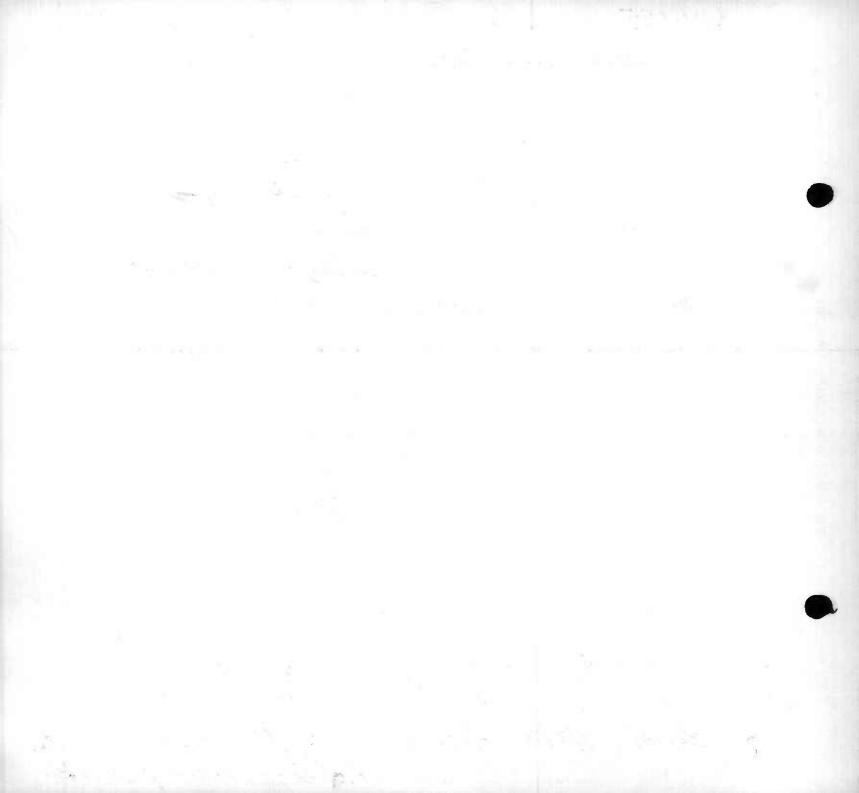


Type or Print)	Florence Jo	nes		2. DATE AT	oril	25 2:30 P.
FULL NAME HOSPITAL O INSTITUTION	R ADDRESS OR LOCA	AL OR INSTITU ATION)	JTION, GIVE STREET	A. USUAL RESIDENCE (Who A. STATE B. COUR Maryland	Queen An	institution: residence before odmission me¹s
G00	od Samaritan	Hospit	al	E. STREET AND NUMBER		125 140
F	6. RACE	7. MARRIED [WIDOWED	NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 12/13/99	9. AGE (In years los 700 hdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min,
done during mo	OCCUPATION (Give kind of work ost of working life, even if retired) Clerk	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore Maryland	eign country)	U.S.A.
3. FATHER'S				14. MOTHER'S MAIDEN NA Sarah		
S. Was Dece Yes, no or unk	ased Ever in U. S. Armed For nown) (If yes, give wor or date	ces? es of service)	1 6. SOCIAL SECURITY NO. 216188273	17. INFORMANT Hospital Cl		ADDRESS
injury ar	camplication which caused	the disease, death.)				
DISEASE rise In UN DERL	ANTECEDENT CAUSES S OR CONDITIONS, if the above cause (A) YING CONDITION last. II GNIFICANT CONDITIONS CO DEATH BUT NOTRELATED TO TO	any, giving stating the INTRIBUTING HE TERMINAL	(B)	A CONSEQUENCE OF:		
DISEASE rise Ia UN DERL O THER SI TO THE I DISEASE	ANTECEDENT CAUSES S OR CONDITIONS, if the above cause (A) YING CONDITION last.	any, giving slating the NTRIBUTING HE TERMINAL IT. (A).	(C)		o) 208. IF YES, WERE IN CERTIFYING C.	E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASE IN UN DERL	ANTECEDENT CAUSES S OR CONDITIONS, if the above cause (A) YING CONDITION last. II GNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO TO OR CONDITION GIVEN IN PAR E OF OPERATION 1198. CON	any, giving stating the NTRIBUTING HE TERMINAL IT I (A). IDITION FOR WED	VHICH OPERATION PLACE OF INJURY (e.g., in e., form, foctory, street, of	A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or N	IN CERTIFYING C.	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location)
DISEASE IN UN DERL	ANTECEDENT CAUSES SOR CONDITIONS, if the above cause (A) YING CONDITION last. II GNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO TO OR CONDITION GIVEN IN PAR E OF OPERATION 198 CON WAS PERI CIDENT WAS UNDERLYING TRIBUTING CAUSE OF notify medical examiner) E (Month) (Doy) (Year)	any, giving stating the Statin	VHICH OPERATION PLACE OF INJURY (e.g., in e., form, foctory, street, of INJURY OCCURRED INJURY OCCURRED	20A. AUTOPSY? (Yes or N NO In or about 21 C. WHERE DID INJURY OCCUR?	(If in Baltime	
DISEASE rise la UN DERL OTHER SI TO THE I DISEASE 19A. DAT OR CON' OR CON' OF INJUI (APPROX. 22. I cei that (1) 23A. SIGN 23C. PHYS	ANTECEDENT CAUSES SOR CONDITIONS, if the above cause (A) YING CONDITION last. CONTINUE CONDITION IN CONDITION SON TO CONDITION GIVEN IN PAR TO FOR CONDITION GIVEN IN PAR TRIBUTING CAUSE OF TRIBUTING CAUSE OF TRIBUTING CAUSE OF TO CONDITION GIVEN IN THE CONDITION GIVEN GIVE	any, giving stating the STRIBUTING HE TERMINAL IT I (A). (Hour) 21E. Whi Wo	DUE TO, OR AS (C)	20A. AUTOPSY? (Yes or N NO In or about 21C. WHERE DID INJURY OCCUR? 21F. HOW DID IN. 21F. HOW DID IN. 21F. How did in	(If in Baltime	ril 25 19 70 pinion deoth occurred on the decay 23 B. DATE SIGNED 25 April 70

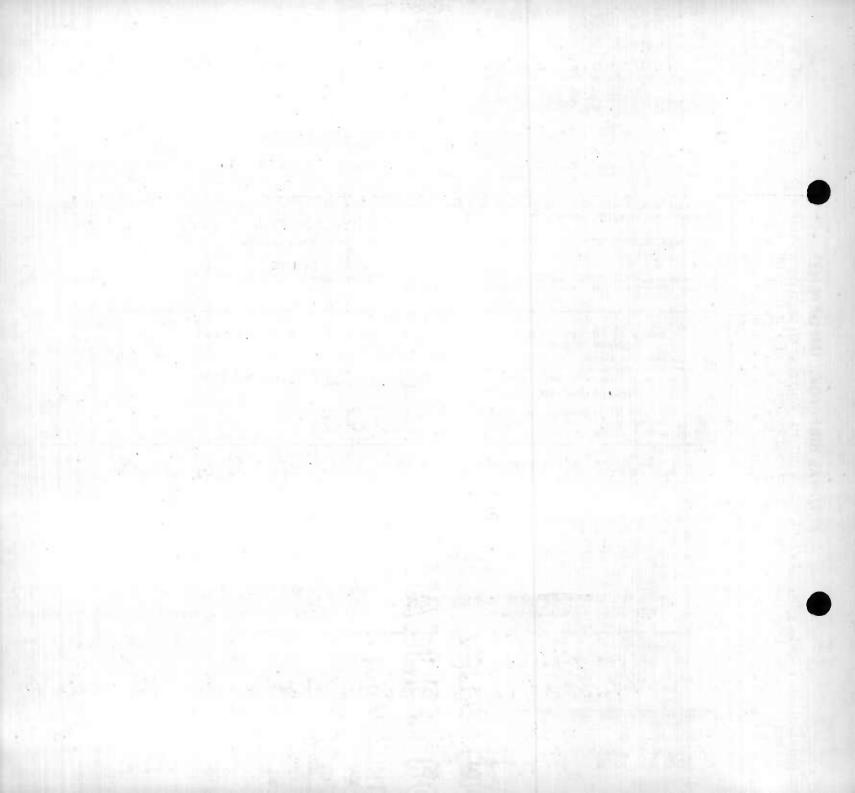


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

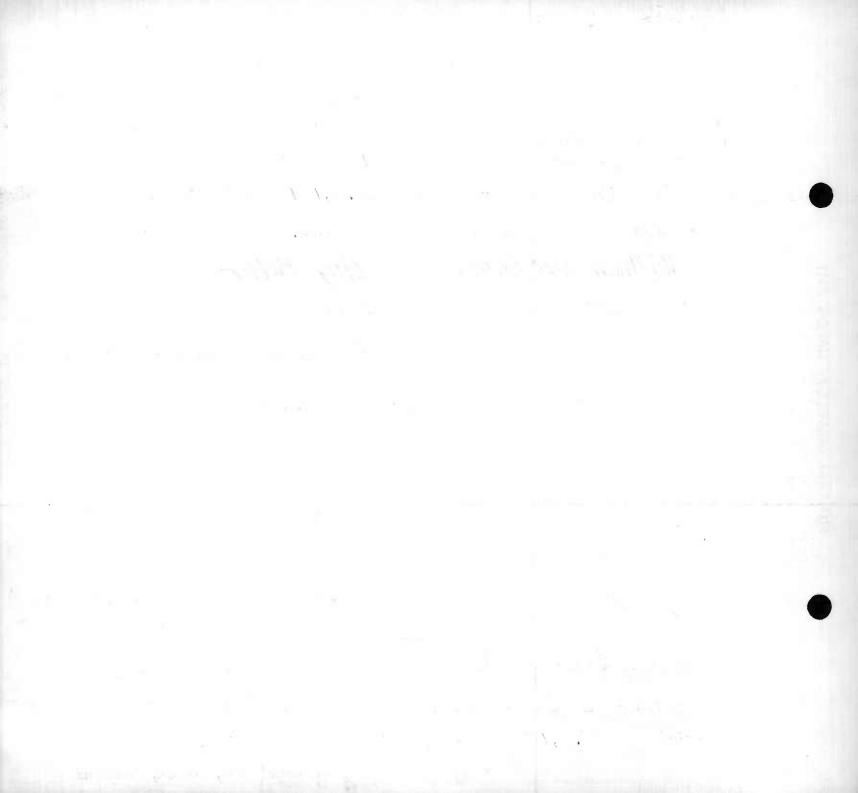
1	17.105	70	4514	BALTIMORE CIT	HEALTH DEPARTMEN	T	70 4544
	H NO.	10	4011	CERTIFICA	TE OF DEATH	REG. NO	70 4514
(Ту	AME OF DECEASED LEOL		ULL	MORGAN		4/27/70	200 A
3.	LACE IN BALTIMORE, A	ARYLAND, Y	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission
FU	L NAME OF (IF NO SPITAL OR ADD	OT IN HOSPIT	AL OR INSTIT	TUTION, GIVE STREET	MD.	Some	BET 69-00
IN:	птитон				C. CITY OR TOWN		ISIDE CITY LIMITS?
3	20 NIVERSI	TY	HOSPI	TAL	E. STREET AND NUMBE		YES 🔼 NO
1					Box	667	CRISFIELD, MD
	EMALE NE	GRO	WIDOWED		8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Doys Hours Min.
10A	USUAL OCCUPATION (Couring most of working life,	ive kind of work	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	loreign country)	12. CITIZEN OF WHAT COUNT
		n Inc	CR	ABPICKER	Hingston MAR	YLAND	USA.
13.	ATHER'S NAME Thor	nAS	TUL	L	14. MOTHER'S MAIDEN	NAME OTHKI BAL	Varel
15.	Vas Deceased Ever in U. no or unknown! ((1 yes, g)	S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	11.170	ADDRESS
1104	ne ne	d wor or dole	s at service/	220-24-8025	PATIE	17	
	18. 2 G S Y	1		CAUSE OF DEAT			APPROXIMATE INTERVAL
	DISEASE OF CO		RECTLY				BETWEEN ONSET AND DE
	(This does not mean I	TO DEATH	dvina. e.a.	(A)IMMEDIATE CAL		-EMBOLIZA	ATION
	heart failure, asthenia, injury ar camplication v	Ic. It means	the disease.	DUE 10, OR AS	A CONSEQUENCE OF:		
		NT CAUSES		Pos	RHDE	GOMPENSAT	BC CHE
	DISEASES OR COND	TIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	
	rise to the above UNDERLYING CONDIT	Cause (A)	stating the	(0) 82	2 Bleading	20 to Andre	once trante
		I		(-7	3LEEDING		
2	OTHER SIGNIFICANT CONTO	DITIONS CO	NTRIBUTING	ANTICOAGUI	, /		cheant
⋖1	PA-DATE OF OPERATIO	GIVEN IN PAR	T 1 (A).	***************************************	***************************************		HYPOYIA
CERTIFIC	0	WAS PER	ORMED		110	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
ZA.	DEATH (notify medical ex	DERLYING L USE OF omined	21B horn etc.	ne, farm, factory, street, al	n or about 21C. WHERE DIE	(II in Boltime	are City, give exact location)
<u>a</u>	PID-TIME (Month)	Doy) (Yeor)		INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
2	(APPROX.)		Wh	ile At Not While			
	2. I certify that (1) (t	nis haspital) attended t		4/24/70	19 70 ta	4/27 1970
- 1	hat (1) (we) last saw			. / 0 /	19 70 and	that In(my) (aur) ap	olnian death accurred an the de
	and have and from the	causes stat	ed abave. () (We) (dfd) (dld nat) v	lew the bady after deat	th.	
	3A. SIGNATURE	9 /	0 1	1/ 4/2			23B, DATE SIGNED
	Michael	4. 0	Whiteve	DEGREE	nding Med. Director	Staff Phys.	4-27-70
	NAME (Typel	_	1.101 .=	44.5	23D. ADDRESS	4506.3.1 h	IOSPITAL
24.8	MICHAEL BURIAL CREMATION, 2		WHIT	DEGREE		/	
	REMOVAL (Specify)	1/20	/	AME OF CEMETERY OF CRE	MATORY 24D	1 1-1	City, town, or county) (Stote)
25A	DATE REC'D BY HEALTH		70 DESA NAME (DE REGISTRAP	25C EMPERAL DIS	CV1SFIEL	9 1/12
Y	1 1971 Pal	BE. Ja	Ben M.	F REGISTRAR	25C. FUNERAL DIREC	Ellan)	A ODRESS
31	50-PEV 1/1/49		The Parket			a sylvania	1100



1-525 70 4515	BALTIMORE CITY	HEALTH DEPARTMENT	70 : 1=15
BIRTH NO. 70-07788	CERTIFICA	TE OF DEATH REG. N	10. 10 4515
Type or PARY COLP TON	MENN	2. DATE AND HOUR OF C	SEATH 5 89 F
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased live	d. If institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYLAND	843
IN STITUTION (C. CITY OR TOWN	D. INSIDE CITY LIMITS?
JOHNS HOPKINS HOSP		BALTIMORE E. STREET AND NUMBER	YES NO
BALTIMORE MO		2716 MURA ST.	
5. SEX 6. RACE 7. MARK	HED NEVER MARRIED	B. DATE OF BIRTH, 9. AGE (In year lost birthday)	If Under 1 Yr. If Under 24 He Months: Doys Hours: Mag.
WIDON WIDON		4/24/70	26 40
OA. USUAL OCCUPATION (Give kind of work 10B, KIN) fone during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. PARTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTI
		BALTIMONE INVO	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
		MADELINE	
5. Was Deceased Ever in U.S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
18. 763,41	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Garre	o respersing ownest	10
(This does not mean the made of dying,	e.g., (A) IMMEDIATE CAL	SE //	10 nun
heart failure, asthenia, etc. It means the dise		netal preumoria	
ANTECEDENT CAUSES	Corney	many production	74 Qus
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	& CRUS
rise to the above cause (A) stating	ine Am	ronites	4 10/00
UNDERLYING CONDITION last.	(c)/\		- 1
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG R	material -30 mh	n a ps A
TO THE DEATH BUT NOT RELATED TO THE TERMIN VIDISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL U FC	community of soci	gestarion
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	IN CEPTIEVIA	WERE FINDINGS CONSIDERED
H OC	218 BLACE OF INTERNAL - :	YES WUSTE DID	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, factory, street, at etc.)	fice bldg, INJURY OCCUR?	Saltimare City, give exact location)
21D. TIME (Manth) (Doy) (Year) (Hout)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not While		
	Work At Work	1/22 70	11/20
22. I certify that (I) (attend	11/18	7/1 19 10 to	7/20 19 70
that (I) (ast saw the deceased alive			abapinian death accurred an the d
and haur and from the causes stated abov	e. (1) (d(d) (d===+t) v	iew the body after death.	
23A. SIGNATURE	(\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	nding Med. Staff	23B, DATE SIGNED
Charles of Col	OEGREE Phy	. Director Phys.	9/20/10
NAME (TOPE) OSEPH TO	OYLEJEMD	JOHNS HOPKINS HOST	BALTIMORE, NO
24. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRI	MATORY 24D. LOCATION	(City, tawn, or county) (State)
Cremation 4/29/70	Johns Hopkin	s Hospital 601 N Br	oadway Balto., Md
25A. DATE REC'D BY HEALTH OFFICE ASB. MAI	OF REGISTRAR	25C. FUNERAL DIST	POSAT. ADDRESS
VS 150-REV. 1/1/6B		2 Proper trees pro-	- VIVALEE
V3 13U=KEV. 1/1/0B			



1/2	1-652	חלי	4~4	О В/	ALTIMORE CITY	HEALTH DEPART	MENT		pay.	0 45	0
BIS	ITH NO.	70	451	C	ERTIFICA	TE OF DEA	ATH	REG. I	10	451	.0
1.0	NAME OF DEC	EASED				12	DATE AND	D HOUR OF	DEATH		
Liy	pe or Print) E	LIZABETH	HE	ERMES			4.		70	17.50	, A
3.	PLACE IN BAL	TIMORE MARYLAND,	WHERE PE	RONOUNCED E	DEAD	4. USUAL RESIDER		deceased liv	ed. If institution	n: residence before	e odmission)
IN	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSI ADDRESS OR LO		d.		Marylan c. CITY OF TOWN	d		D. INSIDE CIT	275 Y LIMITS?	9
IV	LONTER	ELLO STAT	F H	DSPITA	L	Baltimo			YES [NO[
	BALTO	0. 2121	_			E. STREET AND N 1502 Shef	field	Road			
11	Female	White	WIDO		DIVORCED T	Aug. 19, 189	/	AGE (In your sat biethylay)	rs II U	nder i Yr. If U	nder 24 Hrs. Min.
dou	during most of whomemake	JPATION (Give kind of w working life, even if retired	1	un Home	S OR INDUSTRY	11. BIRTHPLACE (SIG		n countryl		ITIZEN OF WHA	T COUNTRY?
	FATHER'S NAM		Ou	on nome		lass	-		u	SA	
	Wi	Iliam M	ac Fa	Mane		MAYY	But T	ter			
(Yes	Nos Deceosed (,no or unknown)	Ever in U. S. Armed F lif yes, give wer or do None	orces? les of serv	rice) 1 6. SOCI	AL IRITY NO.	CHART				ADDRESS	
-	18. 4.1 11	2 4 1		CA	USE OF DEAT		-			APPROXIMAT	FINTERVAL
	DISEAS	E OF CONDITION	RECTLY			-		-		BETWEEN ONSE	T AND DEATH
		LEADING TO DEAT	4	(4	IMMEDIATE CAU	SE MYOCARI	DIAL	INFARC	Tina)	14 W	V C
	heart lailure,	of mean the mode asthenia, etc. It mean	s the dise	0.0		A CONSEQUENCE OF		7771 /11 /5	1100	<u></u>	7-3
	injury or com	plicalian which cause	d death,)		1						
		NTECEDENT CAUSE		(8)	HRTE	RIUSCLE	ROSI	15		5-1415	
	tise to the	R CONDITIONS, if above cause (A	any, gi	iving the	DUE TO, OR AS	A CONSEQUENCE O	F:				
	UNDERLYING	CONDITION last.		(c))	*****************					
7					0						
ATI	TO THE DEATH DISEASE OR CO	CANT CONDITIONS CONDITIONS CONDITION GIVEN IN PA	THE TERMIN	NAL	CEREB			BOSIS		5 W	K5.
ERTIFI	0 .	and the latest the lat	RFORMED			20 A AUTOPSY?		20B, IF YES, IN CERTIFYIN	WERE FINDING G CAUSES O	S CONSIDERED	
	OR CONTRIBUTED THE CONTRIBUTED	T WAS UNDERLYING TING CAUSE OF medical examiner		21 B. PLACE O hame, farm, in etc.)	FINJURY (e.g., ir actory, street, af	or obout 21 C. WHER	E DID CCUR?	(if In B	oltimore City, s	lve exoct location	1)
0	21D. TIME OF INJURY	(Manthl (Doyl (Year	(Hour)	21 E INJURY	DCCURRED	21F. HOW	DID INJUI	RY OCCUR?			
8	(APPROX.)			While At	Not While						
	22. I certify t	hat (1) (this hospite	al) attend			4-10	19	70 to_	4	- 25	19 70
	that (H) (we)	lost saw the deceas	ed olive	on	4-25	19.70				ath occurred o	
	and have and	from the causes st	sted abov	e. (H) (We) (di	ld) (d id not) vi	ew the bady after	death	, • • • • • • • • • • • • • • • • • • •			
	23A. SIGNATUR	EPP		7	T				23 8, D	ATE SIGNED	
	Deve	y Z- Cor	oper	slew	Atter Phys.	iding Med.	ar Sh	off D	4	1-25-7	0
	23C. PHYSICIAN NAME (Ty	rs pel	1		GLONEL	3 ADDRESS	1			00 1	
	IRUII	1	OOPE	ERSTE	IN DEGREE	MONTEBE	LLO F	tusp.	BALTO	- 21	218
24A	REMOVAL (S	ATION, 248, DATE	24		METERY OF CRE	MATORY	24D. LOC	CATION	(City, town,	or countyl	(Stote)
	Burial	Apl. 29,	1970	Morelan	nd Memori	al Park	Par	kville.	Marylas	nd	
25A.	NAY 1	970 Valent	255000	E OF SECULIA		John By	IRECTOR			ADDRESS Maryland	
VS 1	50-REV- 1/1/6	R			13-1-6	1		, , ,		way curat	



	the ed
	dec dec eas in t
	of Dec
	se (5) and dec
	se;
	in and and and and and and and and and an
	de d
	nin man
	or or regree eas
	or or in dec
	ct ct was
=	disp
A	ind ind eat e o
N.	f they k
P	o, i o, i anno
3	Als Als nou atte
FUNERAL DIRECTOR: IMPORTANT	er. ctur ctur ar
0	fra fra emin
C	xan xan yah wh
N N	al ell ell ell ell ell ell ell ell ell e
-	dica dica dica rics sic wa
RA	me me y bu phy an
Z	a a body
5	by by 2) B re t phy fore
	y the
	d b osp osp rtur (6)
	e h nd nd
	ppr an) (ex (ex
	d to
	ase den dec
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	as r at at rior
	A. A. d p
	S: (S: (D. C) ase
	his how as ece
	F = 2 3 0 3

5 -1/A MO 451"	BALTIMORE CITY	HEALTH DEPARTMENT	V	20 4-4-
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	70 4517
TNAME OF DECEASED (Type or Print) Mary E.	Still	2. DATE AN	D HOUR OF DEATH	701 3 Am.
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	A. STATE A B. COUN	re deceased fived. If ins	lilution: residence before admission)
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland c. city or jown.	Balto.	DE CITY LIMITS?
1 a. Wad Han	T	Daltimor	-6	YES NO
90 Wesley Home		2211 W.	Rogers	Ave.
T WIDE	RRIED NEVER MARRIED DIVORCED DIVORCED	26 Aug 1886	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, Kind one during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLAGE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	ilev	14. MOTHER'S MAIDEN NAM	11-11	enshade
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of se	M 6. SOCIAL	17. INFORMANT	1	ADDRESS
A A A	114-1 4 7219	A Wesley H	ome	Same
18. / / / / / / /	CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		m 1 1	· 1 A	BETWEEN GROET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	e.g. (A) IMMEDIATE CAL	A CONSEQUENCE OF:	mfarcheou	
heort foilure, osthenio, etc. It meons the di injury or complication which coused death.	seose,	A COMPEQUENCE OF.	/	
ANTECEDENT CAUSES	But.	eles A. Die	and for An	0.0.
DISEASES OR CONDITIONS, if ony,	giving DUE TO, OR AS	A CONSEQUENCE OF:	Anscar an	cass
rise to the obove couse (A) stoling) lhe (C)			
II	(C)			
O OTHER SIGNIFICANT CONDITIONS CONTRIBU				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		20A. AUTOPSY? (Yes or No	10 CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location
21D.TIME (Month) (Doy) (Year) (House	21E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Work Not While At Work	•		
22. I certify that (I) (this booptfal) atter		11/11/1	19 70 to 27	april 1970.
that (1) (we) last sow the deceosed oliv	2/2/1/	1-1-	· · · · · · · · · · · · · · · · · · ·	ian death accurred on the date
and hour and from the causes stated abo				The second of the second
23A. SIGNATURE	1	Town the bady after double		23B. DATE SIGNED
John Harm	A I MI Dhy	ending Med. Director	Staff Phys.	27 Apr 70
23C. PAYSICIAN'S NAME (Pro)	Bankahu	23D. ADDRESS	Belvede	re Ave.
	24C. NAME OF CEMETERY OF GR	EMATORY 24D. L	OCATION (City	, town, or county), (Slote)
1) (1710 4-29-70	Stablereville	Cem St	hlercuille	Rd Ba Ho Co Med
25A, DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. EUNERAL DIRECTOR	uba-al U	ADDRESS Balta Md
II FEEL TO ALL FORE OF THE TAIL THE TAI		191111111111111111111111111111111111111	HIDYFILL MAY	YIE . I . XII LIO . I Y I CI

924 Regester Ave. 2/2/2 Called N. H. CT

is all on it

Categorie Halen

THE RESIDENCE OF THE PARTY AND ADDRESS OF THE

0 110	1 175	1 451	S BA	LTIMORE CITY	HEALTH DEPARTA	MENT		20	4 ~ 4 0	
6-40	0 1	401		ERTIFICA	TE OF DEA	TH	REG. NO.	70	4518	
BIRTH NO.	ECEASED					DATE, AND HOL				
(Type or Print)	Emmit	1 m .	2.11		2	in and hou	7	1	11.1.	1
	ALTIMORE MARYLA	ND, WHERE PRO	ONOUNCED D	EAD	4. USUAL RESIDEN	CE (Where deceded B. COUNTY	osed lived. If ins	itution: resi	dence before odi	mission)
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN I	HOSPITAL OR IN	ISTITUTION, G	VE STREET	C. CITY OR TOWN	1	In INISID	E CITY LIMI	306)
			. /		Band	marken	ı	YES X	№ П	
uni	on me	morta	I Han	de	E. STREET AND NU		748 5	+		
5. SEX	6. RACE	7- MARR	NEVE	R MARRIED	8. DATE OF BIRTH	9. AGE	(In yeors	il Under 1	Yr. Il Under	24 Hrs.
male	Whete	WIDOV	VED 1	DIVORCED [12-24-6	98 last birt	hdoy)	Months D	oys Hours	Min.
done during most	CUPATION (Give kind of working life, even if a	ol work 10B, KINI	OF BUSINES	OR INDUSTRY	11. BIRTHPLACE (Stol	e or foreign cour	itry)	12. CITIZEN	OF WHAT CO	DUNTRY?
Stone	Keener	Telep	bone M	MAGN	maryl	lace		0	SA	
13. FATHER'S N.	AME /	1			14. MOTHER'S MAIL	DEN NAME	,			
SILAS	Bull				Alice	DUV	>//			
15. Wos Decease	nd Ever in U. S. Arm	ed Forces? or dotes of servi	1 6. SOCI	AL IRITY NO.	17. INFORMANT			A	DDRESS	
No	-		2150	13 4004	Camerli	a SBO	//	524	ne	
18.44-3	1.91		CA	USE OF DEAT	1 0		2		APPROXIMATE INT	
DISE	ASE OR CONDITION	N DIRECTLY		mass		bul luca	my	2 1	2/1	
(This does	nal meon the ma	de of dvina.	B.C.	DUE TO, OR AS	SE A CONSEQUENCE OF:	************	······		36 H	BURS
injury or co	implication which c	aused death.)	use,							
	ANTECEDENT CA	AUSES	(8)		199	*				
DISEASES	OR CONDITIONS	, if any, giv	ring	DUE TO, OR AS	A CONSEQUENCE OF	:		*****		P
	G CONDITION IO		(c))					***************************************	
-	11		,	10-	0		· · · · · · · · · · · · · · · · · · ·			
TO THE DEA	IFICANT CONDITION ATH BUT NOT RELATE CONDITION GIVEN	D TO THE TERMIN	IAL /	Freak	febrall	etr.			1 year	
19A. DATE O	OF OPERATION 198	CONDITION F	OR WHICH OF	PERATION	20A. AUTOPSY? (Y	es or No. 20B, IN C	F YES, WERE FILL	NDINGS CO	ONSIDERED	
U 21A. ACCID	ENT WAS UNDERLY	ING	218 PLACE O	F INJURY (e.g., in	or obout 21 C. WHERE	DID	(If In Boltimore	City, give e	roct location)	
OR CONTRIE	BUTING CAUSE O	F	home, farm, to etc.)	octory, street, of	fice bldg., INJURY OC	CUR?	(i. iii 20iiiii0i 0	Olly, give c	xoci locolloli,	
DEATH (noti	(Month) (Doy)	(Yeor) (Hour)	21E INJURY O	CCURRED	21F. HOW	DID INJURY O	CUR?			
OF INJURY			While At	Not While						
22, I certif	y that (1) (this ho	spital) attende			- Sint	1965	to A	raid à	24 19	46
	Tast saw the de			vil D	1 19 40	and that in (n	,			he date
and hour as	nd from the cause	s stated abave	. (1) (Way (di	id) (did not) v	lew the body after	death.				
23A. 5IGNAT	URE	1	//				-	38, DATE S	IGNED	
	May	1/2 20	M	DEGREE PRY		Shaff Phys.]	APR	27/70	. ز
23C.PHYSICI NAME	1.	- 3			3D. ADDRESS	4 6 -			PAL	TO
24A. BURIAL CR	D WIN		ERSTO	DEGREE	35001		LYEX	75	5	2121
REMOVAL	(Specily)		MAME OF CE	METERY OF CRE		24D. LOCATIO	N (City,	town, or c	ounty) (S	itote)
25A, DATE RECT	D BY HEALTH DEPT	30-70 1/2	AF OF PEGIFF	ivel (e	M 125C FUNERAL DI	102 17	0 /114		ADDITE	
MAY 1	1970 Juber	BE. Jabe	A.Q.	A a	25C FUNERAL DI	O FA	111.	14. 4	ADDRESS	M.
VS 150-PEV. 1/1		1, 1,	Allen Ad	13	TO VICE	July!	12/2/17/1	ne	11/10	1114

The Mark Develor A Second Second Second Table 1 or an I see that I

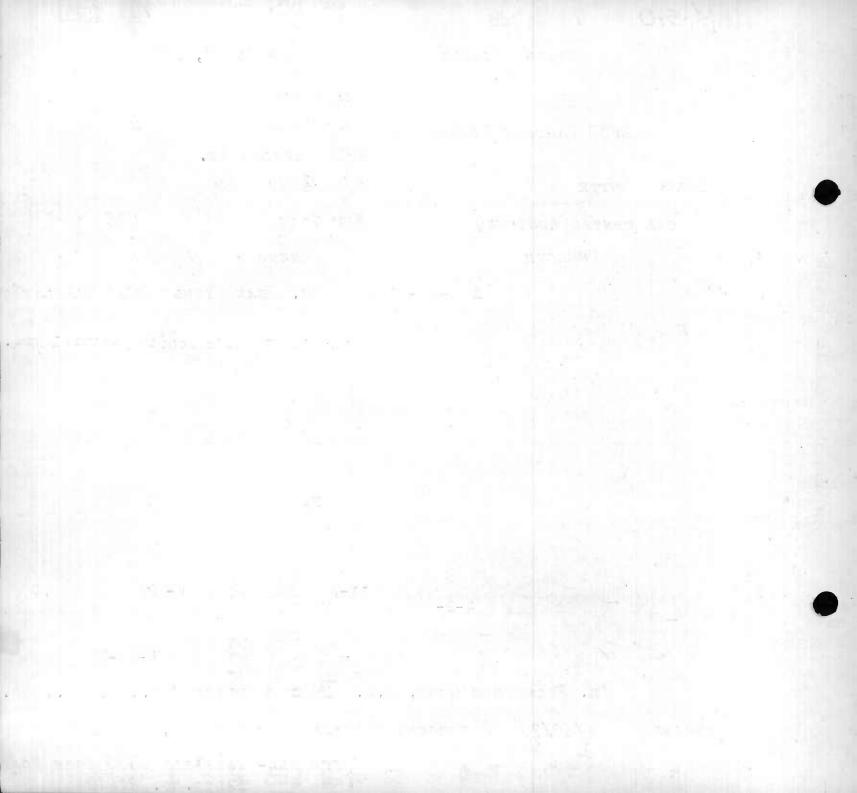
IMPORTANT

FUNERAL DIRECTOR:

B.In Es., scenn Sus., in All of the second of the secon and consisted the world and four-samplesame maintain and well and he .O . Lauren 212 - L-212 Bronde goramon Presiden 93330 Padamining Their 12/4 39 Benef = 1/23 - 1 - Comment Cordling to ... MATTERISTEN SAE AS SE IN THE STATE OF THE SALES

BALTO . MD

VS 150-REV. 1/1/68



TI	201	70 A	-01	BALTIMORE CITY	HEALTH D	EPARTMENT)	('		
BIRTH NO.	40	10 45	120	CERTIFICA		/	REG. NO	_70_	4521
I.NAME OF D	E CEA SED	JAME	S A/	ATT.			ID HOUR OF DEATH		
(Type or Print)	Jam		-+	eacey	SR.	4	L - 24-7	10	7 3 3
3. PLACE IN B	ALTIMORE, MA	ARYLAND, WHERE	PRONOUN	CED DEAD	4. USUAL A. STATE	RESIDENCE (When B. COUN	re deceased lived. If in	stitution; resi	dence belore admission
FULL NAME OF HOSPITAL OR	F (IF NO	T IN HOSPITAL OR	INSTITUTIO	ON, GIVE STREET	C, CITY OR	rary	land	IDE CITY LIM	5300
TUTION	MER	noei al	Hosp	i tal	E. STREET	AND NUMBER	nor	YES	ио 💢
5. SEX	6. RACE	7. MA	RRIED 🖂	NEVER MARRIED	8. DATE OF	BIRTH	9. AGE fin weeks	I II Hadas 1	Yr. il Under 24 Hrs.
M WELL DO	CUPATIONICS		OWED 🗌	DIVORCED	12-0	1-01	lost birthdoyl 68	Months	oys Hours Min.
done during most	of working life, ev	ven il retired) [ISINESS OR INDUSTRY	11. BIRTHPL	A CE (Stote or forei	gn countryl	12. CITIZEN	OF WHAT COUNTR
3. FATHER'S N	tirea	В	& O	RR.	wa	shing	Lon	U.	S.A.
- Ainer 3 M	-	ala I		0. 4	14. MOTHE	R'S MAIDEN NAM	-0		
5. Was Decense	ed Ever in U. S	Armad Farage?	112	505(4)	<u></u>		Bna		
Yes, no or unknov	(n) (if yes, givo	Armed Forces? wor or dotes of se	rvicel 7	SECURITY NO. 268	17. INFORM	ANI Dermes	И Т	A	DDRESS
18.		A . A				• RUTH	II. IRACI	100	SAME
- W	ASE OF COM	DITION DIRECTLY	19	CAUSE OF DEATH				BET	APPROXIMATE INTERVAL WEEN ONSET AND DEATI
	LEADING T	O DEATH		(A) IMMEDIATE CAU	e M	etabol		2	hass
heart failure	, osihenio, ele	e mode of dying, c. Il meons the di	sease.	(A) IMMEDIATE CAU	-Condedor	HCE OF	e accept		. 0 63%
injury or co	mplicolion wh	ich coused deoth.)		1.	.0 5	1 -4:		2
	ANTECEDEN			(B)	17/_	100	beles		
rise to 1	OR CONDIT he obove o IG CONDITIO	IONS, if ony, couse (A) stoling ON lost.	giving The	(c) R/OM	10-c.e.r	dial i	nfarctio	~	?
	11		-						
OTHER SIGN TO THE DEA	ATH BUT NOTRI	TIONS CONTRIBUELATED TO THE TERMINEN IN PART 1 (A).	TING		a of	Wead	of Panes	las	mos.
OTHER SIGN TO THE DEA DISEASE OR 19A. DATE O	F OPERATION	198 CONDITION	FOR WHI	CH OPERATION	20A. AU1	OPSY? (Yes or No)	208, IF YES, WERE I	INDINGS CO	NSIDERED
OR CONTRIE	ENT WAS UND UTING CAU y medicol exon	SERLYING J JSE OF	218. PLA homo, fo	CE OF INJURY (e.g., in orm, foctory, street, offi	or obout 210 co bldg., INJ	WHERE DID URY OCCUR?	(If In Boltimore	City, give ex	xoci location)
21 D. TIME OF INJURY (APPROX.)	(Month) (D	oyl (Year) (Hour	21E INJ While A	URY OCCURRED Not While	1	HOW DID INJU	RY OCCUR?		
22. I certif	y that (1) (thi	s hospitol) otten	ded the d	eceosed from	4-	- 4	700 to	4 - 2	- 4 19 7 D
that (I) (we) lost sow th	e deceased allve	on	4-24	19				occurred on the date
ond hour ar	d from the co	ouses stoted obc	ve. (1) (W	e) (did) (did not) vi	ew the bod	y after deoth.			The date
23A. SIGNAT	URE	600	-	9		[+:	2018-03	23B, DATE S	IGNED
22.5 814001	mi /s	Thomas	1	Atten Phys.			hys. 🔼	4-	24-7
23 C. PHYSICI	Type)			2:	D. ADDRESS	,	1	, , ,	-
4A. BURIAL CR	EMATION, 248	B. DATE 2	4C.NAME	OF CEMETERY OF CREA	MATORY	240. 60	CATION TO TEST	l lown, or co	ountyl (Stote)
BURI		4/27/70	Ho	LY REDEEM	ER CE		BALTO.		MD
5A. DATE REC'I	BY HEALTH	0 .	AME OF RE	EGISTRAR				HOME	ADDRESS
MAY 1	1970	Robert E.	aben	420 0 C			ORK RD. 2		
S 150-REV. 1/1.	/68		-	villant.		7			

emin 1 annu a of the property of the second property and the second property of

DIRECTOR:

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

NO F

Hours

BALTO.MD.

If Under 24 Hrs.

Gaywood ? Called N.H.
Adress is within city
I'm 13 21212

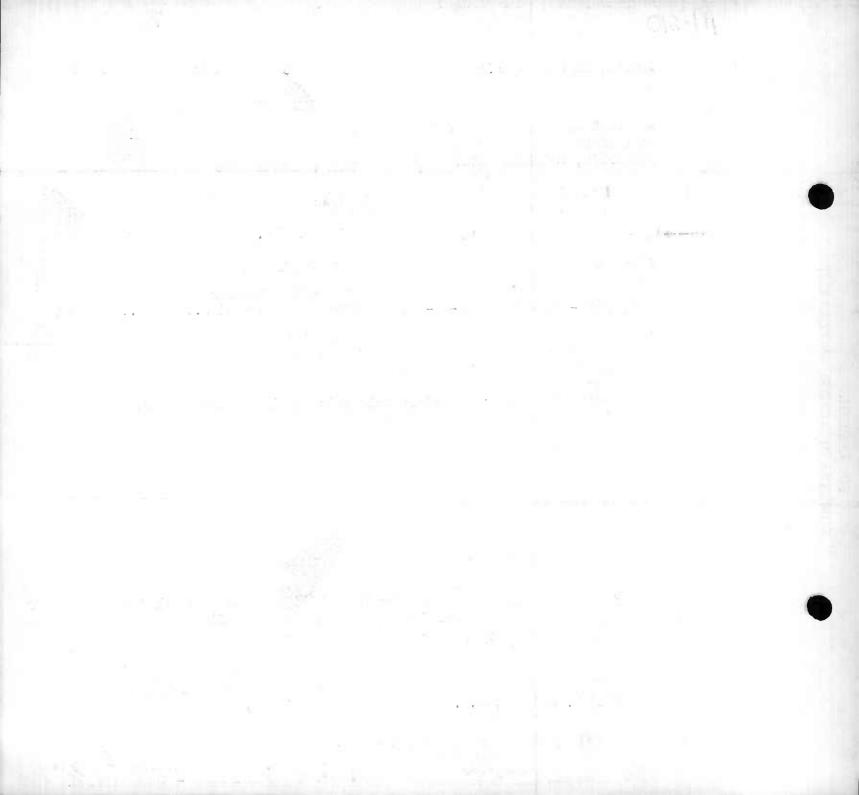
put the part is some

(IN)	70 4523	BALTIMORE CITY	HEALTH DEPARTMENT		70 1523
C-100	10 10	CERTIFICA	TE OF DEATH	X REG. NO	4523
BIRTH NO.		GERTIN 107			
(Type or Print) MRS	ANNA . E.	CAVEY	2. DATE AN	D HOUR OF DEATH	. 11 050
	MARYLAND, WHERE PR		4. USUAL RESIDENCE (Where	26 70	4.05 PM.
or reade the basingloss	WARREND, WHERE PR	DROUNCED DEAD	A. STATE B. COUN	TY Ballo	titution: residence before admission)
FULL NAME OF (IF	NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	309 Blooms		5300
INSTITUTION	DDRESS OR LOCATION		C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
10000	V C	ADCOITOI	Baltimore		YES V NO
	ECOURS	MUSPITHL	E. STREET AND NUMBER		
0			1309 Blooms	sbury A	le.
5. SEX 6. RAC	7- MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	ast birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
Female Car	lasion WIDO	VED DIVORCED	12-11-91	() ()	Months Days Hours Min.
T 1110A. USUAL OCCUPATION	(Give kind of work 10B, KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	on country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working I OSE WIF 13. FATHER'S NAME 15. Wes Deceased Ever in (Yes, no or unknown) (If yes,	ite, even if refired)	t home	m		1 . 6
13. FATHER'S NAME	2 //	Just E	14. MOTHER'S MAIDEN NAM	4.5	10.5.
o d			14. MOTHER'S MAIDEN NAM	AE.	
E Philip A.	Lauman		Dontell	- Min	WIE E.
15. Was Deceased Ever in (Yes, no or unknown) (If yes,	U. S. Anned Forces?	ce) 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRECC
E Na		213-09-63-46	MRS. REBA JAC	Ksow 980:	2 Michaels WAY
18. 75 00 9 2	<u> </u>	CAUSE OF DEAT		Ellic	OTT CITY AND 21043
O IS. DICEAGE OF	ONDITION DIRECTLY		•	0 1 0	BETWEEN ONSET AND DEATH
DISCASE OR LEADIN	IG TO DEATH		Companies	langest la	land 19 days
E (This does not mea	the mode of dying.	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	roccord you	more 1-1 days
heart failure, astheric	o, etc. It means the disent which coused death.)	ase,		· ·	1
E	DENT CAUSES	and ston	10 lent mal		
		(B) 2115 70 00 A5	A CONSEQUENCE OF:	on or we	mie d glass
DISEASES OR COI	NDITIONS, if any, give cause IA) sloting	the DOE 10, OK AS	A CONSEQUENCE IOF:	1.	J
UNDERLYING CON		(c) HM	il phillas	jon	
8	11				
O THER SIGNIFICANT	ONDITIONS CONTRIBUTI	NG			
DISEASE OR CONDITION	OT RELATED TO THE TERMIN N GIVEN IN PART 1 (A).		***********************		
19A. DATE OF OPERAT	ION 198, CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FI	NDINGS CONSIDERED
0			NO	III CERIIFIING CAU	SES OF BEATH!
UNDERLYING CONIDER SIGNIFICANT OF TO THE DEATH BUT NO DISEASE OR CONDITION OF CONTRIBUTING DEATH (notify medical	UNDERLYING CAUSE OF	21B PLACE OF INJURY (e.g., in home, form, foctory, street, of elc.)	ar obout 21 C. WHERE DID ince bldg., INJURY OCCUR?	(If In Baltimore	City, give exact location)
	(Day) (Year) (Haur)	21E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUP?	
21D.TIME (Month) OF INJURY (APPROX.) 22. I certify that (1)		While At Not While		INI OCCUR:	
B TAPPROXI		Work At Work			
22. I certify that (1)	(this hospital) attende		4 2 19	70_to	4 26 19 70
	w the deceased alive	on 4/26	19 70 and the	t in (my) (our) opini	on death occurred on the date
and hour and from t	he causes stated above	. (1) (We) (did) (did not) v			
23A. SIGNATURE	A		ten the body effet deaths		23B. DATE SIGNED
E Y . Y	sug altruger	M () Atte	nding Med. S	iteff [7]	4/26/70
23C.PHYSICIAN'S	// 000000//00	OEGREE Phys	Director L P	Phys. E.J	7/201.6
NAME (Type)	TAILMAN	DNVO MP	D. ADDRESS	M 1	0
that (1) (we) last so and haur and from t 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	VOIVOIVAL	DEGREE	Dan Sceams	1 com ta	(
	, 24B, DATE 240	NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City	, lawn, or county) (Stotel
BURIAL 25A DAKE REC'D BY HEA	4-29-70 1	MEADURIDOE.	PIEM. PAOK El	Kaider	md
25A. DATE REC'D BY HEA			25C. FUNERAL DIRECTOR	NEILIGE	ADDRESS
MAT I MAN	A Chrosonia and Stage	7000000	Highor bothon-S	Shock Eli	IcoTTC.Ly sond
VS 150-REV- 1/1/68			10 19 100 11100	11100	21043

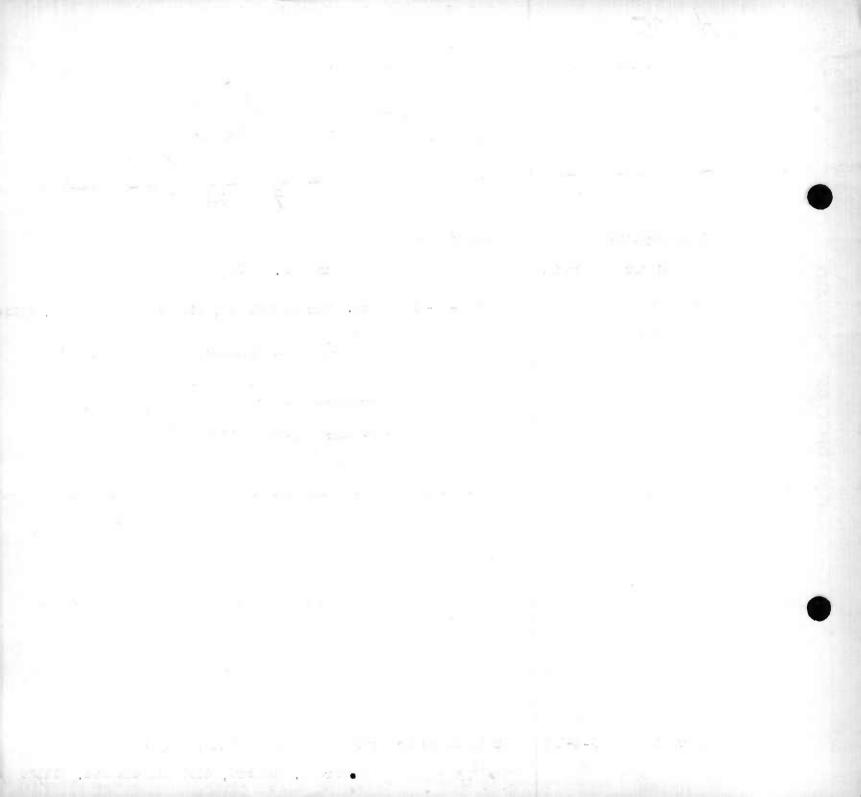
Agiaco Fing sout a check though

FOR APPROVAL

BIR	M-6/0 70 45%	4	TE OF DEATH	REG. NO	70 45	24
1.1	NAME OF DECEASED Pe or Print) MURPHY, Thomas Der	mia		HOUR OF DEATH	1	7
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE IWhen	RILL 1970	6 : 30	
FU	ILL NAME OF (IF NOT IN HOSPITAL OR IN DSPITAL OR ADDRESS OR LOCATION)	0. 4	MARYLAND ANN	E ARUNDEL	3	velore damission)
IN	VETERANS ADMINISTR 3900 LOCH RAVEN BO	ATION HOSPITAL	ODENTON	D. INS	YES X N	10 🗌
	BALTIMORE, MARYLAN	21218	E. STREET AND NUMBER 1247 ROUNDTOP			
1	MALE CAHCASION WIDO		70/1/22	osl birthdoy)		If Under 24 Hrs. lours Min.
10A	USUAL OCCUPATION (Give kind of work 10B, KIN e during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	n country)	12. CITIZEN OF V	VHAT COUNTRY
		Govit	Chicago, Ill.		USA	
	FATHER'S NAME		14. MOTHER'S MAIDEN NAA	ΛE		
	James Murpny		Catherine	?		
	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor ar dates of services)		17. WA Hospital R		ADDRES	
	YES 1/3/43 - 9/19/45	346-12-4765	3900 Loch Rave	en Blvd., B		21218
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	Myocardial _{SE} Infarction			MATE INTERVAL ONSET AND DEATH
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, ginse to the obove couse (A) stoling UNDERLYING CONDITION lost.	ring DUE 10, OR AS	clerotic cardiov A CONSEQUENCE OF:	ascular dis	sease	
<	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL	***************************************		***************************************	-0404-400-400-4044
ERTIFIC	198. CONDITION 198. CONDITION F WAS PERFORMED	OR WHICH OPERATION	YES	IN CERTIFYING CA	FINDINGS CONSIDERATES	ERED
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, larm, loctory, street, off etc.)	ice bldg., INJURY OCCUR?	(II In Boltimor	re City, give exoct loc	cotion)
MEDICAL	21D-TIME (Month) (Doy) (Yeor) Hour OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJU	RY OCCUR?		
	22. I certify that (K (this hospital) attend that K) (we) last saw the deceased alive		Mark Mark Land American I	70 to Apr		19 70
	ond hour and from the couses stated abov	e• (N (Me) (qid) (弘政)於V			23 B, DATE SIGNED	
	Jean M. Jackson	DEGREE Phys.		hys. St	4/29/70	
	JEAN M. JACKSO	N. M.D.	3D. ADDRESS 3900 Lock Baltimore	Raven Bou		
24A	BURIAL CREMATION, 248, DATE 24	C. NAME of CEMETERY OF CRE		-	ity, lown, or county)	(Slote)
	Burial 5/1/70 H. DATE REC'D BY HEALTH DEPT. 258. NA	Baltimore Natina	25C FUNERAL DIRECTOR	ltimore	Mar	ryland
M	AY 1 1970 Robert E. Jacks	way 0 0 0		Hopping A	Annapolis	hille



H.	625 70 45	ント	HEALTH DEPARTMENT	REG. NO	70 4525
	ME OF DECEASED OF Print! SARAH GWENDOL			AND HOUR OF DEATH	
2 81 /					970 5.55 PM.
FULL	NAME OF (IF NOT IN HOSPITAL OR INSTALL OR ADDRESS OR LOCATION)	29.176	MD.	Bullin	01 00-00
INSTIT	MARYLAND GENER	AL HOSPITAL	C. CITY OR TOWN XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		YES NO X
5. SEX	-8		4431	Allan D	nie Md2122
(Female white WIDOW	ED DIVORCED	2 12 0 9	9. AGE (in years last birthday) XXX. 61	Il Under 1 Yr. Il Under 24 His. Months Doys Hours Min.
10A, U	SUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stole or fo	neign country)	12. CITIZEN OF WHAT COUNTRY?
Se	ouring most of working life, even if refired) Output Home THER'S NAME	Appliance	md.		V. S.
I So FM	INEK 3 NAME		14. MOTHER'S MAIDEN N	AME	
	Gomer Davies		Sarah A.	Lloyd	
15. Wo (Yes, no	os Deceosed Ever in U. S. Armed Forces? o or unknown) (III yes, give war ar doles of service		17. INFORMANT		ADDRESS
		216-03-8370	Mr . Vernon S	ellman, 920 W	Washongton Blvd. 212
18.	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	asperas	Lean	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAU	SE GARAGE	-	2 days
he he	This daes not mean the made of dying, e, earl failure, asthenia, etc. It means the diseas	Que DUETO OR AC	A CONSEQUENCE OF:		
	jury or complication which caused death.)	7	er chal a	reperos	elevolte
	ANTECEDENT CAUSES	-	was Vas	an Car or	
D	ISEASES OR CONDITIONS, if any, givin	(B)	A CONSEQUENCE OF:	CELLE CE	the the
រាំទ	se to the abave cause (A) stating find NDERLYING CONDITION tast.	(c) Aspi	ption de	- St. O	```
N 01	II THER SIGNIFICANT CONDITIONS CONTRIBUTING	G			
EITC	THE DEATH BUT NOT RELATED TO THE TERMINA SEASE OR CONDITION GIVEN IN PART 1 (A).	L		**************	
	A DATE OF OPERATION 198 CONDITION FO	R WHICH OPERATION	20A AUTOPSY? (Yes or	No. 208, IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
U 21	A. ACCIDENT WAS UNDERLYING	18. PLACE OF INJURY (e.g., I	or obout 21C. WHERE DID	fil in Solitmor	e City give exoct location)
S DE	EATH (notily medical examine)	iome, form, foctory, street, ol	fice bidg. INJURY OCCUR?	, and a second	o digram and the control
₹ OF	FINJURY	Vhile At Not While	21F. HOW DID IN	IJURY OCCUR?	
		AT TOR			
	. I certify that (i) (this hospital) attended	,	4/261	19 7.a. to	4/27/1970-
- 1	at (1) (we) lost saw the deceased olive or			that in (my) (our) api	nian death occurred on the date
	nd haur and fram the couses stated obave. A. SIGNATURE		lew the bady after death	•	23B, DATE SIGNED
	Mohaned S de	- ILTE DEGREE Phys	nding Med. Director	Shaff Phys.	4/27/70.
230	C. PHYSICIAN'S NAME (Type) M. S. AL.	- IBRAHIM	3D. ADDRESS		
24A. B		NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION (Cit	ly, town, or county) (Slote)
В	urial 5-1-1970 D:	ruid Ridge Ceme		kesville, Mar	
25A. D	4000 00 00 7 7	e of registrar	25C. FUNERAL DIRECTO	**	ADDRESS
WF		1000	Howard H. Hu	bbard, 4107 W	Vilkens Ave. 21229
/\$ 150)-REV. 1/1/68				



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

da da AND THE REPORT OF A PARTY OF THE PARTY.

25C, FUNERAL DIRECTOR

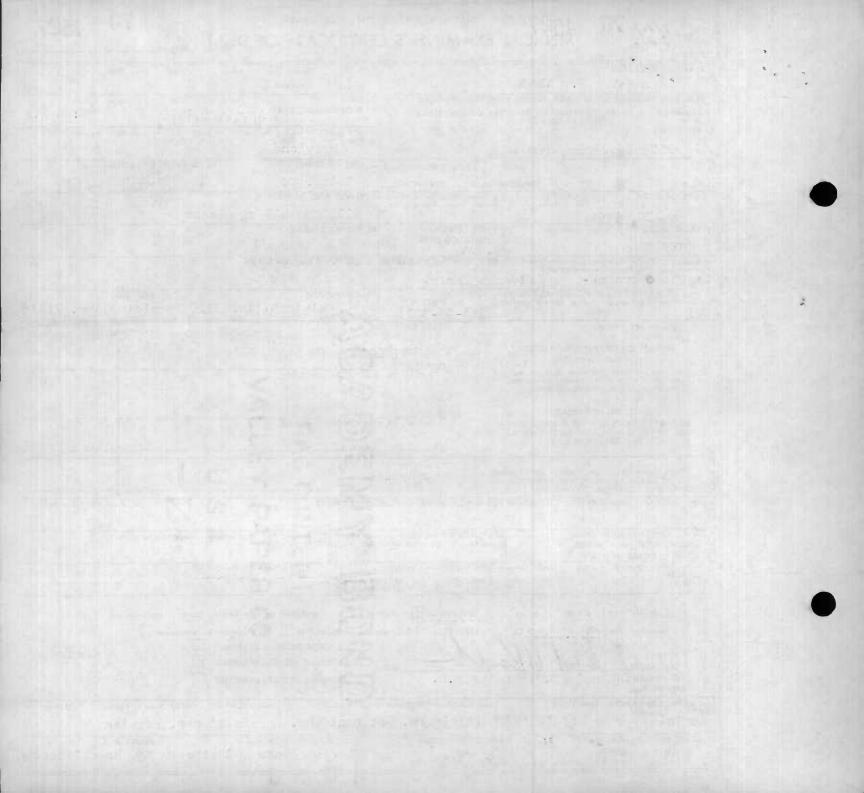
ADDRES5

Loring Byers 8728Liberty Rd. Randallstown

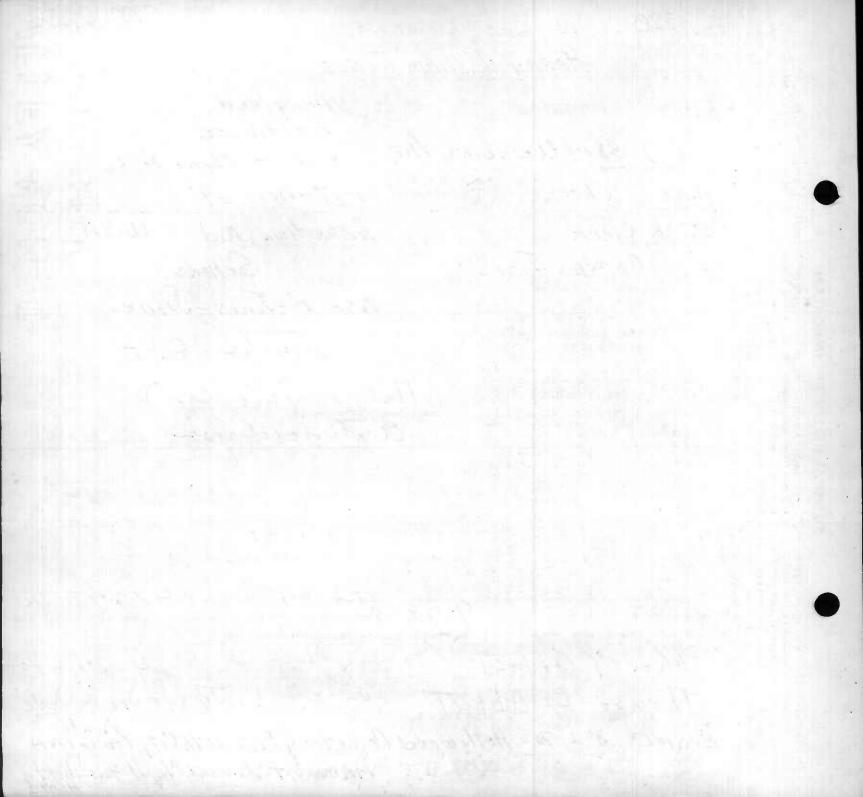
25 A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

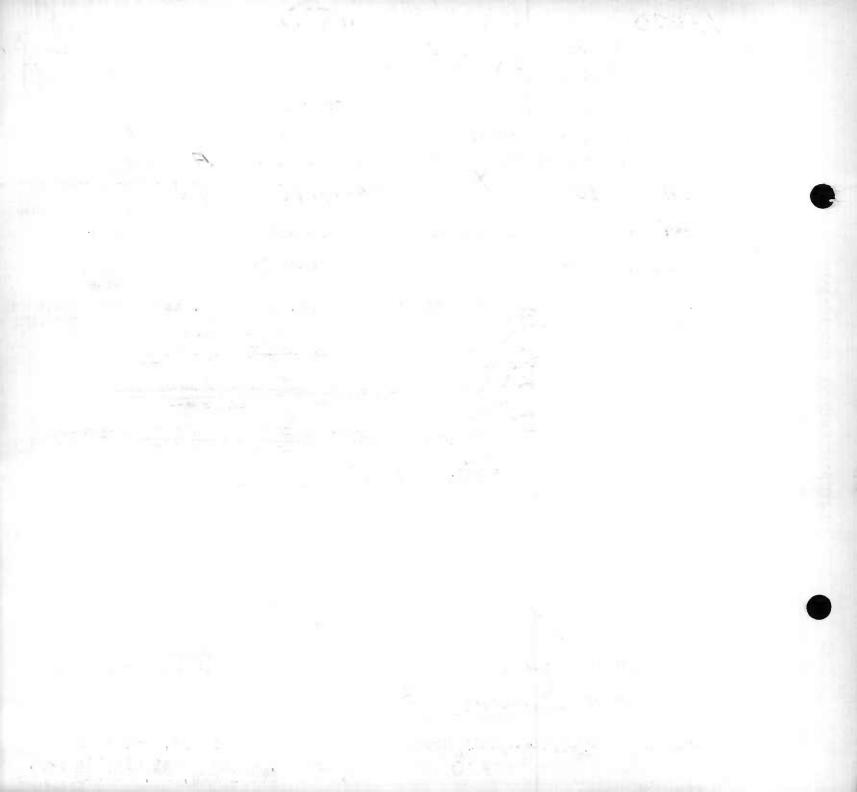
258, NAME OF REGISTRAR



1 -00	BALTIMORE CITY	HEALTH DEPARTMENT		70 4500
BIRTH NO. 70 452	8 CERTIFICA	TE OF DEATH	REG. NO	4028
1. NAME OF DECEASED (Type or Print) HARRU	William 7	ONCS 2. DATE AN	-29-70	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before odmi:
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSI	IDE CITY LIMITS?
00 2011/11	11' Ava	E. STREET AND NUMBER	nore	YES NO .
00 3814 Wood	DINE ME	3814 (100	odbine	Ave
S. SEX 6. RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours M
MALE White WIDOV		1-17-1901	69	
OA, USUAL OCCUPATION (Give kind of work 108, KINE lane during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or forei	gn country)	12. CITIZEN OF WHAT COU
STock Clerk		Keisterstown	Md	W.SA.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAT	1	
ChARles -ONE	05	(Sellers	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no ar unknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	-	ADDRESS
		NOSA B VO	NES-JA	ime
1B.	CAUSE OF DEAT	H'		APPROXIMATE INTER
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Il	le 1	1/A
(This does not meen the made of dying,		A CONSEQUENCE OF:		Ł
heart failure, asthenia, etc. It means the dise injury ar camplication which coused death.)	ose,			~
ANTECEDENT CAUSES	: /h	1 histories	- OV	D
DISEASES OR CONDITIONS, if any, gir	ving (B)	A CONSEQUENCE OF:		
rise to the above cause (A) stating UNDERLYING CONDITION lost.	the (c)	esteriore	Cerosei	
11	(0)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION				
TO THE DEATH BUT NOT RELATED TO THE TERMIN		a- a- a aa		
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	O 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimor	re City, give exoct location)
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not While Work At Work			
22. I certify that (I) (this haspital) ottend	ed the deceased from	4- 65	19to	1/29 19
that (I) (we) last saw the deceased alive	an 4-28-	15 19 and th	ot In(my) (aur) api	inion death accurred on the
ond haur ond fram the causes stated abov	e. (1) (Wa) (with) (did not)			
23A. SIGNATURE				23 B. DATE SIGNED
thos Cetto	OEGREE Phy	ending Med. Director	Staff Phys.	429-
23C.PHYSICIAN'S		23D. ADDRESS	7/	1 It D
Thomas FA	bbott OFGREE	4009 211	45-1V +1	CIGN 19 41
24A. BURIAL CREMATION. 24B. DATE 244 REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (C	ity, to fix, or county) + (Ste
BURIAL 5-2-70 1	to 1/4 wand	emeter UFI	1ZAbeth C	ity MARGLINA
25A, DATE REC'D BY HEALTH DEPT. 25B, NAT	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	1 11	ADDRESS
WHIT BIN ROBERS ST AGE	Self Call () (VAR MACOSTA	FUNEYAL CA	apel-4600 Libert
VS 150-REV. 1/1/6B				The And



	BALTIMORE CIT	Y HEALTH DEPARTMENT	70 1529
B	RTH NO. 70 4529 CERTIFICA	TE OF DEATH REG. NO	4523
1.	NAME OF DECEASED, JOSEPH / LACHOWICZ	2. DATE AND HOUR OF DEATH	5
1	JOSEP LacHOWICZ		1 1 PN
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	nstitution: residence before odmission)
H	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	75 NID	1402
11		121.	SIDE CITY LIMITS?
# /	BON SECOURS HOSP.	E. STREET AND NUMBER	YES X NO
12	2025 W. FAYETTE ST	1518 RAMSAY	57
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI	11. BIRTHPLACE (Stote or foreign country)	
do	ne during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY
13	CAR MAN B&O RAILROAD	Poland 14. MOTHER'S MAIDEN NAME	Poland
	Carl Lechowicz	The state of the s	
15.		Josephine	
(4.	ss, no of unknown) lif yes, give war of dotes of service) SECURITY NO.	17. INFORMANT	ADDRESS
<u> </u>	No 213 10 616		
	7 / K T T X X X X X X X X X X X X X X X X X	* ASCVD.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTEY	Platte Park	
	(A) IMMEDIATE CAI heart failure, asthenia, etc. It means the disease.	A CONSEQUENCE OF:	- 27
	injury or camplication which coused deal.	of and and	seuler .
	ANTECEDENT CAUSES		
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:	
	rise to the obove cause (A) stating the UNDERLYING CONDITION last.	Character to	way commen
_	11 32	- // /	***************************************
NOI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	eabetea.	
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	120 A ALEXA BOMA IV. N. N. W. O.O.	***************************************
ERTIFI	WAS PERFORMED	20A. AUTOPSY? IYes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
ü	21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID (If In Boltimo)	e City, give exact location)
¥	DEATH (notify medical examined home, farm, foctory, street of	fice bldg., INJURY OCCUR?	and and the same
ED	21D. TIME IMonth) (Doyl (Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
2	IAPPROX.) While At Not While At Wark	• —	
	22. I certify that (I) (this hospital) attended the deceased fram	19ta	19
	that (1) (we) last saw the deceased alive an	19and that In(my) (aur) api	nian death accurred an the date
	and haur and from the causes stated obave. (1) (We) (did) (did not) v	lew the bady after death.	,
	23A. SIGNATURE	Heere	23 B. DATE SIGNED
	Physical Phy	nding Med. Staff Roov	4/16/70
	23C. PHYSICIAN'S NAME ITypel	23D. ADDRESS	1 00 10
	M.A. Sarshar, M. Degree		
247	A. BURIAL CREMATION, REMOVAL ISpecify) 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION ICI	ly, town, or county) (State)
	Burial 4/29/70 Holy Cross	Baltimore	Maryland
25/	MAY 1 THAT HE DEPT OF STREET AND OF MODITRAR	George J. Gonce 400 Baltimore, I	1 Ritchie Hgy.
1	MULT MA	Baltimore.	Md. 21225



011	11	BALTIMORE CITY	HEALTH DEPARTMENT		70 1520
BIRTH NO.		9	TE OF DEATH	REG. NO.	4330
1. NAME OF DE (Type or Print)	7110	ANOR XXXXXXXX		HOUR OF DEATH	13:15 0
3. PLACE IN BA	LTIMORE MARYLAND, WHERE I	RONOUNCED DEAD	4. USUAL RESIDENCE (Where of A. STATE B. COUNTY	deceased lived. If institution	on: residence before admission)
FULL NAME OF	F (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	MARYLAND -	7	534-
HOSPITAL OR		INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CI	TY LIMITS?
SOUTH BA	LTIMORE GENERAL	HOSPITAL	BALTO	YES	No □
43			3501 HORTON	AVE	
S. SEX	6. RACE 7. MA	RRIED NEVER MARRIED			Inder 1 Ys., If Under 24 Hrs.
F	/A/	OWED DIVORCED	11-2-24 105	t bishday) Man	Inder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.
IOA, USUAL OCC	CUPATION (Give kind of work 10B, KI	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign	country) 12.	CITIZEN OF WHAT COUNTRY
House	f working life, even if retired)		LITHUANIA		U.S.A.
3. FATHER'S NA			14. MOTHER'S MAIDEN NAME		U.D.A.
JOSEF	H YANKOWSKY		MARY ?		
5. Was Decease	d Ever in U. S. Armed Farces? n) Uf yes, give war or dates of se	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	, set give not of outes of se	129 18 3986	DENISE STANKIEW	1CZ 1CIU E	CLEMENT C-
18.	10.0	CAUSE OF DEAT	W 7 11.0	1317 E	APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DIRECTLY	BODNICH	OPNEUMONIA		BETWEEN ONSET AND DEATH
	LEADING TO DEATH	A . MANAGONATE CAN			4 days
(This does	not mean the mode of dying, , ostherio, etc. It means the di		A CONSEQUENCE OF:	************	
injury or co	mplication which caused deoth.	ACUTE	MYOCARDIAL	INFARCTION	1 (1
	ANTECEDENT CAUSES				4 days
DISEASES	OR CONDITIONS, if any,	giving (B)	A CONSEQUENCE OF:	***************************************	····
rise to If	ne above couse (A) slaling G CONDITION lost		ARY ARTERY	DISEASE	Mos -> TEMS
1	11	(C)	7.16.16.17	***************************************	
OTHER SIGNI	FICANT CONDITIONS CONTRIBU	TING 17 (0 - 1	000	14 days
TO THE DEA	TH BUT NOT RELATED TO THE TERM CONDITION GIVEN IN PART 1 (A).	INAL Kypture	d Esophagus 20 +	5 CPR.	70095
19A-DATE O	F OPERATION 198 CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 2	OR, IF YES, WERE FINDIN	IGS CONSIDERED
2			YES "	N CERTIFYING CAUSES	OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	218, PLACE OF INJURY (e.g., in home, form, factory, street, of	ar about 21C. WHERE DID	(if In Boltimore City,	give exoct location)
0	y medical examined	etc.)			
21D. TIME OF INJURY	(Month) (Day) (Year) (Houd		21F. HOW DID INJURY	OCCUR?	
IAPPROXI		While At Work Not While At Work	· 🗆		
22. I certify	that (N) (this hospital) atten			70 to 4-2	7 10 70
) lost sow the deceased allve				lack assumed to the
			ond that	in (my) (out) apinian a	leoth accurred on the date
23A. SIGNAT	d from the causes stated abo	And fall (me) (qiq uet) A	lew the bady after death.	1000	ATT SIGNED
//	11. 5. 10	Atte	nding Med. Sta		DATE SIGNED
23C. PHYSICI	MINU CUE OOK	DEGREE Phys	. Director L. Phy	#. LP 4	-28-40
PHYSICIANAME (3D. ADDRESS	_	
4	WILLIAM ERIC	SOHR M. D. DEGREE		RD. BALTO.	21229
REMOVAL	Specify) 248. DATE 2	4C. NAME of CEMETERY OF CRE	MATORY 24D, LOCA	ATION (City, tow	n, or county) (State)
Buria	4/30/70	Meadowridge N	[emorial Pk. F	lkridge, Ma	rvland
SA. DATE REC'E	BY HEALTH DEFT. 258, N	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		Ritchie Hgy.
MAY 1	1970 Vaber - 4	when Migh	George J. Go	nce 4001 i	1225 Hgy.
'S 150-REV. 1/1/	/68			TEA MUA C	



B-630 70		RTIFICAT			REG. NO.	7.0	4531
BIRTH NO. 1. NAME OF DECEASED	4001 CE	TIFICA	IE OF I				
(Type or Pont)	nthony Francis				D HOUR OF DEATH		2-00 4
3. PLACE IN BALTIMORE MARYLAND, W	HERE PRONOUNCED DEA		4. USUAL RE		e deceased lived. Il is		3:00 A
			W. SINIE	B. COUN	TY	nsmonon, jesi	ounce before domis
FULL NAME OF HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE	STREET	Maryl			d	301
Veterans Admin	istration Hosp		c. CITY OR TO Balti		D. INS	IDE CITY LIM	
2 3 3900 Loch Raver	-	- 11	E. STREET AT			YES X	NO 🗌
Baltimore, Mary					nt Street		
SEX 6. RACE	7. MARRIED NEVER A	AARRIED 3	DATE OF B		9. AGE (In years	If Under 1	Yr., Il Under 24
Male White	A THE RES	ORCED	6/23/1		lost birthdoyl 57	Months D	oys Hours M
DA. USUAL OCCUPATION (Give kind of work	108 KIND OF BUSINESS	- Aprendi	1. BIRTHPLA	CE (State or forei	gn country)	12. CITIZE	N OF WHAT COU
lone during most of working life, even if retired) Shipfitter	U.S. Coast Gr		New Yo				1 or Wilki Coo
3. FATHER'S NAME	U.D. GOAST GE			MAIDEN NAM		USA	
Anthony H. Barrett		ľ					
				rine Broa	agan		
5. Was Deceased Ever in U.S. Armed Forces, no or unknown) lif yes, give wor or date:	s of service) 6. SOCIAL SECURIT	IY NO.	7. INFORMAL	VA Hos	oital Recor	ds A	DDRESS
Yes 5/18/42 - 1:	1/12/45 217-0	3-6958	3900 1		en Blvd., B		Md 21218
heart foilure, asthenia, etc. II means injury ar camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a rise to the above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	Interest of the state of the st		CONSEQUEN	NCE OF:	Hepatitic		
19A. DATE OF OPERATION 19B. CONE WAS PERFO	218 PLACE OF I	NJURY (e.g., in	NO pr obout 21 C.	PSY? (Yes or No)	IN CERTIFYING CA	FINDINGS COUSES OF DEA	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, lorm, lacto	ory, street, offic	e bldg., INJU	RY OCCUR?	(,		
DEATH (notify medical examines) 21D-TIME (Month! (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21E INJURY OC While At	Not While		ULNI DID WOH	RY OCCUR?		
22. I certify that (X(this hospital)	attended the deceases		11 27tl	1 10	70 ta Apr	11 30th	19 7
that (%) (we) last saw the deceased	dive on Apri	1 30th	19 70	1			
and haur and from the causes state					t in (maxi) (aur) apli	nian death (accurred an the
23A. SIGNATURE	- Louve. W. (ue) (qiq)	/ATOLINOCHAIG	w the bady	atter death.		23B. DATE S	IGNED
Faurana 1	Farmer 1	Attend	ing 🗀	Med.	Haff D		
23C.PHYSICIAN'S	L mowlesp	PEGREE Phys.	D. ADDRESS				39, 1970
PAYMOND F	KNOWLES, JR.,	1	P. ADDRESS		Loch Raven		
4A. BURIAL CREMATION, 24B. DATE		DECREE			more, Mary		
Burial 5 4 70	24C.NAME of CEM	J. S. Nat		24D. LO	Balto. Md.	y, town, or co	ounty) (Stote
SA. DATE REC'D BY HEALTH DEPT. E. 4	AMESOFIXEGISTRAR			AL DIRECTOR			ADDRESS ort Ave

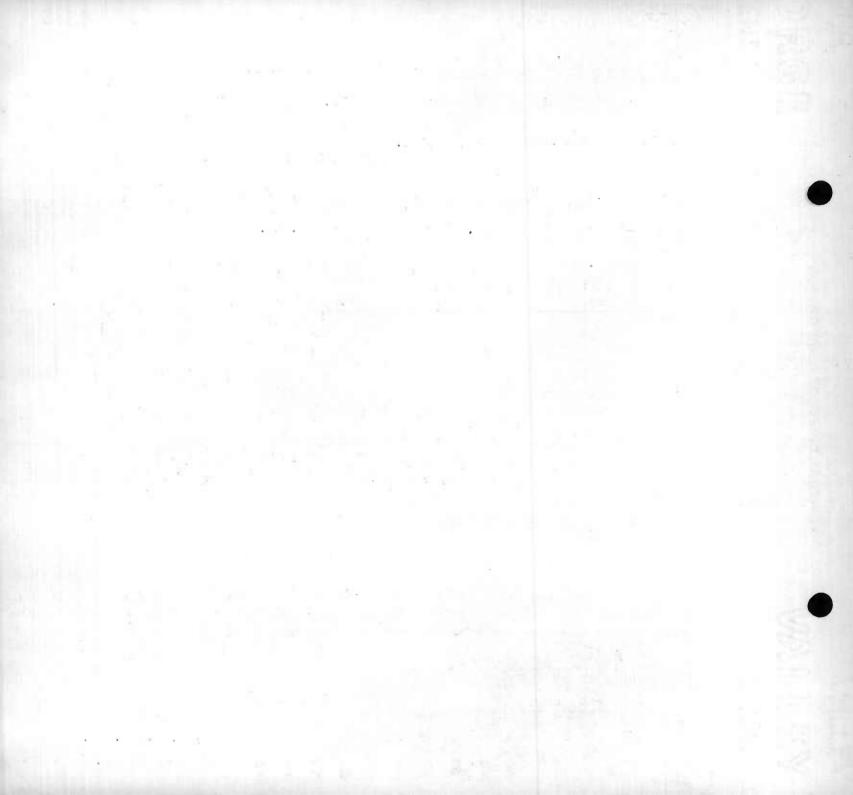
Comment of Deservant

	70 4532		HEALTH DEPARTMENT	REG. NO.	70 4532
	ype or Printly KFFF	FARL.	2. DATE AN	HOUR OF DEATH	12 30 AH
3	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Who	re deceased lived. If institut	ion: residence before admission)
F	ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) 4STITUTION	ASTITUTION, GIVE STREET	C. CITY OR TOWN	ITY MON GONTLY D. INSIDE C	6500
4	Patt Rolling	9000 DHal	b Chevy Che		NO 🐼
9	South Ballimore	TENERO IVOS	E. STREET AND NUMBER		
E	male uneneas widos		x/18/26	1.1.	Under 1 Yr. if Under 24 Hrs. nlhs Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KIN ne during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or fore	gn country) 12.	CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	of land.	Wr Kurun		a.s.
lspo	Not Kinn.		14. MOTHER'S MAIDEN NAM	Konn:	
1113	Wos Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of servi	ce) 16. SOCIAL SECURITY NO.	his sister.		ADDRESS
	18. 29/.01	CAUSE OF DEATH			APPROXIMATE INTERVAL
3	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Danie		BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS	SE TYLE LOWE Y	La '	4800000 90000 80000000000000000000000000
	injury or complication which coused death.) ANTECEDENT CAUSES	- Do Dir	in Tip	0 0	
	DISEASES OR CONDITIONS, if any, and	ring (B) DUE TO, OR AS	A CONSEQUENCE OF:	ens.	***************************************
	ise to the obove couse (A) stoling UNDERLYING CONDITION lost.	(C)			
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMIN	vic.			
FICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		20A. AUTOPSY? (Ket or No.)	208 IP YES, WERE FINDING IN CERTIFYING CAUSES	IGS CONSIDERED
ERT			No	IN CERTIFYING CAUSES	OF DEATH?
MEDICAL C	DEATH (nonly medical examined	218. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or about 21 C. WHERE DID	(If In Baltimore City,	give exact lacation)
MED	OF INJURY	21E INJURY OCCURRED	21E HOW DID INJU	IRY OCCUR?	
	(APPROX.)	Work At Work	只		
	22. I certify that (1) (this hospital) attende that (1) (w6) last saw the deceased alive of	on 4/X/20		70 10 4 19	19.7-0
	and haur and from the couses stated above		ond the	t in (my) (our) opinion	leath occurred on the date
	23A. SIGNATURE	5 (1) (9 6) (did) (did) (lot) (1)	ew the body differ death.	23 8, 1	DATE SIGNED
	Anis Washi	DEGREE Aften	ding Med. S	ikaff hys. 4	19/20
	23C. PHYSICIAN'S NAME (Type) Dr. Levy 1-1	Nis Wasif	A NEAT ONLY DU	ARD OF MA	RVIAND
24/	REMOVAL (Specify)	NAME of CEMETERY OF CREA	MATORY 24D. LO INIVERSITY		n, or county) (Stote)
25/	DATE REC'D BY HEALTH OFFT. E. 28 NAV	LE-OF REGISTRAR	RECTOR	CERTIFICA	ADDRESS
VS	150-REV. 1/1/68		Land Addit (STUATE -	BCH(I)

Call S. B. S. H. record rome - nace white _ 5 - 5 - 70 f. 4.

and sed the
of de
hosp Jse (5) [ance dea
n a l cau use; tend r to
oting ed ca prio
ccurritrip mine gulo sed
deter in re lecea
f dec ct our was was he d
dire dire d; (4 ath on t
the the kin dec
his a so, if any nced enda d or
. Als
miner fraction properties of p
exam 3) A i wh n re
dical cal ns; (i ician vas i
medi bur phys
Chie y a Body the tysici
the al b; (2) here lo ph
ospit ospit ature ot wl (6) N
he h he h y y x cep and
of arroy of arroy (ch); ch); ch
ust be eased dent ospit deat
rele accident
was was () An A. a. d price
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.
This the show was dece

1 =-	n	0.0	BALTIMORE CIT	Y HEALTH DEPARTMEN		70 4533
SIRTH NO.	70 4	1533	CERTIFICA	TE OF DEAT	H REG. NO.	70 4555
NAME OF DEC	EASED			2. DAT	E AND HOUR OF DEA	NTH
	HILDA LA	NDIS .			29/70	
3. PLACE IN BAL	TIMORE MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	Where deceased lived.	If institution: residence before admission
FULL NAME OF	(IF NOT IN HOSPIT	TAL OR INSTIT	UTION, GIVE STREET	MD. BA	LTTMORE	2403
HOSPITAL OR	ADDRESS OR LOC	ATION)		C. CITY OR TOWN		INSIDE CITY LIMITS?
-00				BALTIMORE		YES NO
001212	BATTERY AVEN	UE BALI	TIMORE, ND.	E. STREET AND NUMB		
				I2I2 BATTE		
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months: Doys Hours Min.
Female	White	WIDOWED		March 16, 18		
	UPATION (Give kind of wor working life, even if retired)	k 10B, KIND OI	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTE
Saleslady		Bent	. Store	Balto. Md		USA
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
Will	Liam H. Stoff	el.		August	a Oest	
5. Was Deceased	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	(If yes, give wor or dot	es of service	SECURITY NO.	Man Old Comme	G+-00-7 77	I To also Date - Date
No			CAUSE OF DEAT	Mr. Clifford	proffer II	Jack Pine Dr.
O THER SIGNI	G CONDITION last.	THE TERMINAL	(c) Same &	min of the	ر (سینلسنا) می روز المیکنات اید (استار اید)	5)
	F OPERATION GIVEN IN PA		WHICH OPERATION	20A. AUTOPSY? (Yes	or No) 20B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING [UTING CAUSE OF medical exominer)	21B hom etc.	ne, form, foctory, street, o	in or about 21C. WHERE Di office bldg., INJURY OCCU	ID (If in Bolti	imore City, give exact location)
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. HOW DIE	INJURY OCCUR?	
OF INJURY		Wh	ile At Not Whi			
22 1 - 416	that (1) (this haspita			1/10/	19 6 7 ta	4/29/ 1970
			LN /	10 (7)	,	' /
) last saw the deceas		1, 3,			apinian death accurred on the de
and haur an		ited abave. ((did) (did nat)	view the bady after de	ath.	DOD DATE SIGNED
23A. SIGNAT	P. Frid	~~	ML. D. DEGREE Ph.	ending Med.	Staff Phys.	23B. DATE SIGNED
23C. PHYSICIA NAME ()	ype)	ハルベ	DEGREE	23D. ADDRESS	GHT ST	
AA. BURIAL CRE	MATION, 24B. DATE		AME of CEMETERY OF CH		D. LOCATION	
Buri						(City, town, or county) (Stote)
	- / / -		Cedar Hill		Brooklyn. A.	
SA. DATE KEC L	m -/ h	258,-NAME	Cedar Hill	25C, FUNERAL DIRE	Brooklyn, A.	A. Co. Md.
MAY 1	BY HEALTH DEPT.	25B. NAME			CTOR	A.Co. Md.



FUNERAL DIRECTOR: IMPORTANT

T-200 70 4534	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	70 4534
1. NAME OF DECEASED (Type or Print) EDGAR E.	TICE Jr.	2. DATE AN	D HOUR OF DEATH	635 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	DUNCED DEAD	A. STATE B. COUN	o decoosed lived. If i	institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI- HOSPITAL OR ADDRESS OR LOCATION)	TUTION, GIVE STREET	MARYLANI C. CITY OR TOWN	D	1348
		1410 11.	3 The	SIDE CITY LIMITS? YES NO NO
44 UNION MEMORIA	L HOSPITAL	E. STREET AND NUMBER	ORE	
WIDOWEL WIDOWEL	DIVORCED	0/29/20	ost birthdoy	II Under 1 Yr. II Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND of done during most of working life, even if retired) JAN ITOR Cata	of Business or Industry Lyst Research		gn country)	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	
EDGAR TICE SR.		MARTHA	MATHE	\mathcal{R}_{\cdot}
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Yes WWII	16. SOCIAL SECURITY NO. 1 218-14-2320	MRS ANNAI.	THE 1410	W 37th DORESST
18. 4 9 2 91	CAUSE OF DEATH		TICE POPICI	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	2/0	solic Failu	10	BETWEEN ONSET AND DEAT
LEADING TO DEATH	ANIMMEDIATE CALE		40	
(This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease	DILETO OD LE A	CONSEQUENCE OF:		***************************************
injury or complication which coused deoth.) ANTECEDENT CAUSES		20		
DISEASES OR CONDITIONS, if any, giving	(B)	CONSEQUENCE OF:	*******************************	
rise to the above cause (A) stoling the)	CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(c)	-		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	W0000000000000000000000000000000000000			
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A AUTOPSY? (Yes or No)	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21	B. PLACE OF INJURY (e.g., in me, form, foctory, street, offi	or obout 21 C. WHERE DID	(II In Boltimo	re City, give exoct locotion)
S OF INJURY	E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
W	ork L Al Work,			11 -
22. I certify that (I) (this hospital) attended		*== /\	9 70_ta5	128 19 70
that (1) (we) last saw the deceased alive an			t in (my) (our) opl	nian death accurred on the dat
and hour and from the causes stated above.	I) (We) (did) (did nat) vi	ow the bady after death.		
anne L. Leda	Attended Phys.	ding Med.	Staff A	23R DATE SIGNED 4/28/70
23C. PHYSICIAM'S NAME (Type) Anne L. Leddy		D. ADDRESS	no	: 011-2
	AME of CEMETERY of CREA	MATORY 24D. LO	CATION (C	ily, town, or county) (rate)
	lto.National		ltimore,	Md
25A. DATE BEC'D BY HEALTH DEPT. 258, NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	_ , ,	ADDRESS
MAY I BIO Paber E Parker	KO O O O	Ann Dono	an - 3818	Roland Ave.

N 1/2 1 2/20 " LLICH MEMORIAL HOSPITAL

MARYLAND LER

PHARTHA PHATHER

PARLTIMERE

11/24/23 46

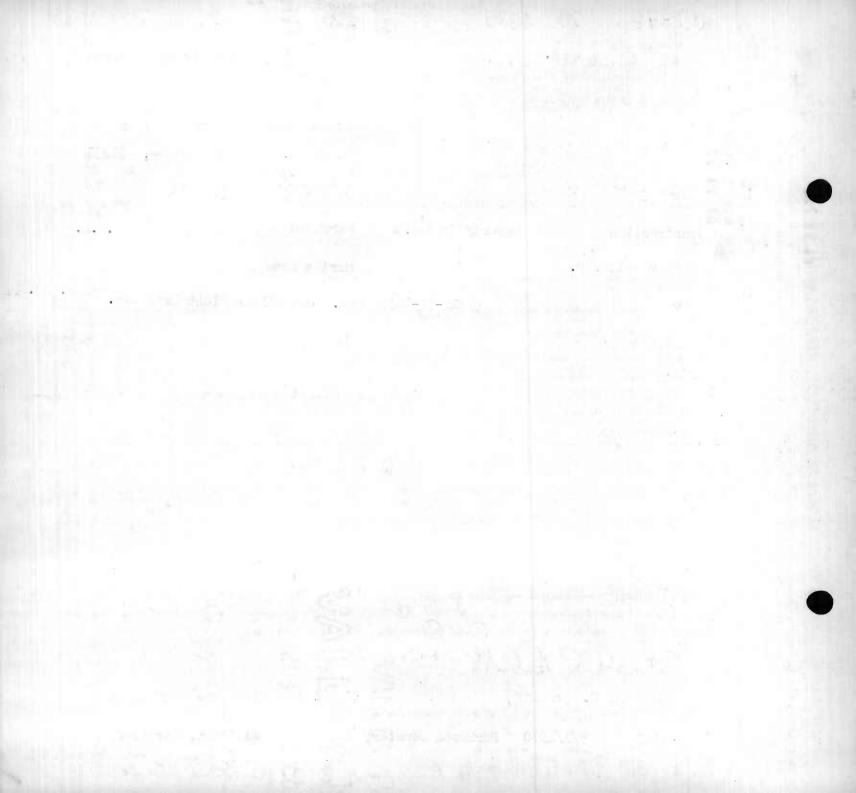
- MES ANN DIE THE MALTONER

1214

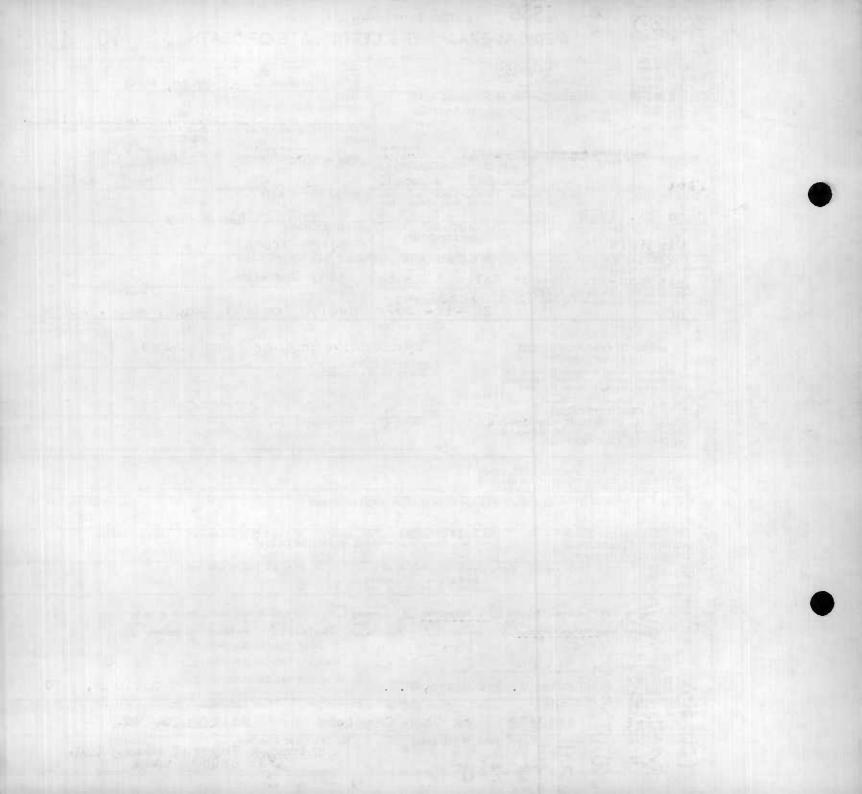
SHILLIAM

EDERE TILE

VS 150-REV. 1/1/68



VS 151-REV. 3/1/68



FUNERAL DIRECTOR: IMPORTANT

(1)-652 70 450	BALTIMORE CITY	HEALTH DEPARTMENT		70 4-05
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	70 4537
1. NAME OF DECEASED (Type or Print)	10		D HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE P.		4 2	7-70	Sution: residence before admission
	KONOUNCED DEAD	A 60011	• •	lution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAN		603
2 I RHURCH HOME	AND HOGE ITAL	C.CITY OR TOWN BALTIMOR	per .	CITY LIMITS?
35 KHUKEH HOHE	HILL HOSFINZ	E. STREET AND NUMBER		YES NO
		104 N MON	T FORP AVE	EMIE 21224.
	RIED NEVER MARRIED	8. DATE OF BIRTH	AGE (in years	Il Under 1 Yr. If Under 24 Hi Manths! Days Hours Min.
	WED DIVORCED	1.26.07	17	vicinis, Days (1000)
10A. USUAL OCCUPATION (Give kind of work 10B. KINdone during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Coreig	n country)	12. CITIZEN OF WHAT COUNT
UNG MPLOYED HO	ousewife	Ponnsylva 14. Mother's Maiden NAM	ania UKA	AMERICAN.
Maza	nek	14. MOTHER'S MAIDEN NAM	IE)	
George XXXX	XXXXX	MXXXXXXX	X Unknown	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknawn) (If yes, give war as dates af sen	ice) 1 6. SOCIAL SECURITY NO.	17 INICORAL ANIX		ADDRESS
	212-18-3081			Church Home & H.
18./ 74 X I	CAUSE OF DEATH	Generalize	10, 11	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		Generalys	a renaviti	S SETWEEN ONSET AND DEA
This does not mean the made of dving.	(A) IMMEDIATE CAU	SE	**************	*******
heart failure, osthenio, etc. It means the dis injury or complication which caused death.)	eose, DUE 10, OR AS	CONSEQUENCE OF: PB:	STRUCTION	
ANTECEDENT CAUSES	,.*	46.00		
DISEASES OR CONDITIONS, if any,	ving DUE TO, OR AS	A CONSEQUENCE OF:		*******
rise to the above couse (A) stating UNDERLYING CONDITION last.	MEINS.	TATIC CARCINON	14 BREAST.	,
II	(c)	*****************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG MYOC	ARDIAL INF	TARCET	
TO THE DEATH BUT NOT RELATED TO THE TERM! DISEASE OR CONDITION GIVEN IN PART 1 (A).				**********************
19A. DATE OF OPERATION 19R. CONDITION 1	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B IF YES, WERE FINE	DINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING	21B PLACE OF INJURY (e.g., in			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	home, farm, factory, street, off	ce bidg. INJURY OCCUR?	(If In Boltimare C	ity, give exact location)
21D-TIME (Manth) (Dayl (Yeor) (Haud)	21E INJURY OCCURRED	215 115		
OF INJURY	White At Not White At Wark	21F. HOW DID INJU	RY OCCUR?	
		Ц		
22. I certify that (I) (this hospital) attend		4:14: 19	7010	4. 27 19 70
that (1) (we) last saw the deceased alive	on4 ·2_7	19.70 and that	in (my) (sor) opinio	n death occurred an the da
and haur and from the causes stated above	e. (i) (We) (did) (did not)'vi	ew the body after death.		
Park L	Asser	ding Med. S		R DATE SIGNED
23C. PHYSICIAN'S	DE MOEGREE Phys.	Director Pf	roff or	4-2/./0.
23 C. PHYSICIAN'S NAME (Type) PRABIR	K D. 2	D. ADDRESS		
Pradir. K. B. 23C. PHYSICIAN'S NAME (Type) PRABIR. 4A. BURIAL CREMATION. 124B. DATE 124	BOSE MAGREE			
REMOVAL (Spacify)	C. ITAME OF CEMETERS OF CREA			awn, or county! (State)
Burial, 5/1/70	Sacred Heart		altimore, I	Md.
SA. DATE AEC'D BY HEALTH DEPT. 258. NAT	OF REGISTRAR	Schamunek Bu	neral Home	ADDRESS
S 150-REV. 1/1/68	78.00.13	3331 Br	ehms Lane	,

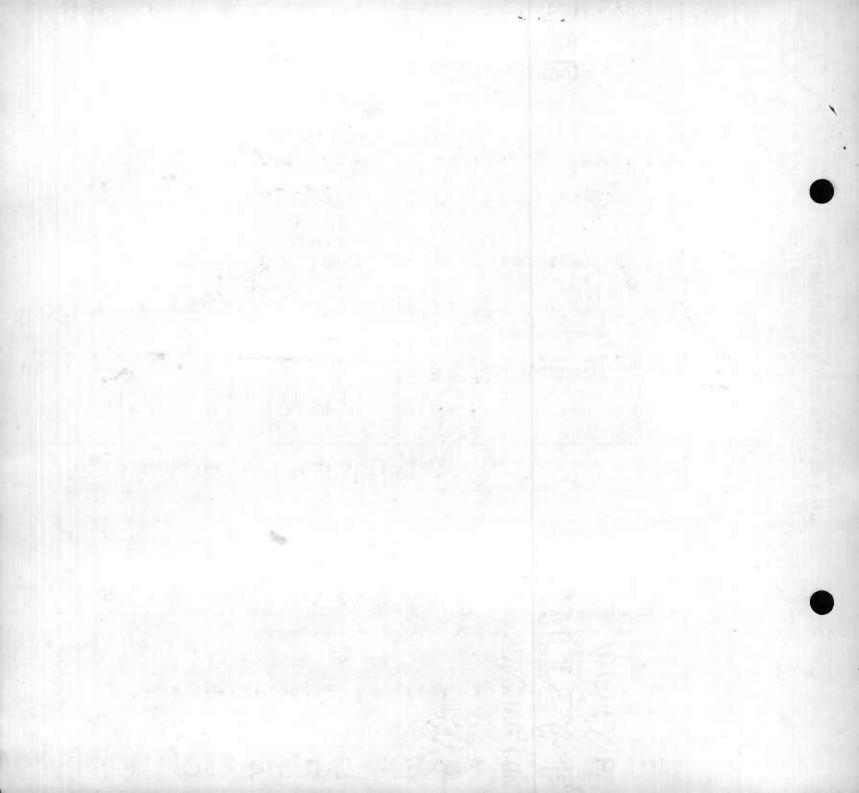
Pennsylvana ush

George Marink Marink

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

VS

1)-1154 70 4538	BALTIMORE CITY	HEALTH DEPARTMENT	/	U 4538
N-4095	CERTIFICA	TE OF DEATH	REG. NO	
TH NO.				
DE OF DECEASED	A m s	2. DATE AND	HOUR OF DEATH	st 5 AM -M
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institu	tion: residence before admission)
LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	C. CILY OR TOWN		CITY LIMITS?
16		Baltimake E. STREET AND NUMBER	YE	NO D
Lucherau Nospel	al	2717 Will	chester-	St.
6. RACE 7. MARKED N	NEVER MARRIED	B. DATE OF BIRTH	AGE (In years 85 M	f Under 1 Yr. If Under 24 Hrs.
LULLE TILGER . WIDOWED I	DIVORCED	12-25-84.	80.	
e during host of routing lifes even if retired	INESS OK INDUSTRE	me e	caunity)	2. CITIZEN OF WHAT COUNTRY
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Thenry Dulcen		41	lent	
	SOCIAL SECURITY NO.	17. INFORMANT	271	7 ADDRESS
	-16-3911	Lundlett	selean (Winstiel S.
18. E8831	CAUSE OF DEATH	MAG	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) IMMEDIATE CAU	SE PHO HOR+	Le done	>
(This daes nat mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death,)	DUE TO, OR AS A	CONSEQUENCE OF	1	60
ANTECEDENT CAUSES	1	Fr. Mec	le of tenur	(R)
DISEASES OR CONDITIONS, if any, giving	OUE TO, OR AS	A CONSEQUENCE OF:	//	
rise la lhe abave cause (A) slaling lhe UNDERLYING CONDITION last.	Mer.		V	
11	10	0	(2. 1.1	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	(1) a	go + bed Sar	es+tr Newlyt	remine)
19A-DATE OF OPERATION 19B. CONDITION FOR WHICE	CH OPERATION		208. IF YES, WERE FINE IN CERTIFYING CAUSE:	
21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	CE OF INJURY (e.g., in factory, street, aff	or about AC. WHERE DID		ity, give exact location
	URY OCCURRED	2 21F. HOW DID INJUR	executive occur?) 37.
(APPROX.) 2-14-70 ZLL While A Work		Delippen.	while gate	ing out of
22. I certify that (I) (this haspital) attended the d	-		70 to 4.	76, 1922
that (I) (we) last saw the deceased alive an	4, 25. 7			n death accurred an the date
and have and from the causes stated above. (1) (W	e) (did) (did nat) vi	ew the bady after death.		
23A. SIGNATURE				B. DATE SIGNED
The single	DEGREE Phys.	ding Med. Single Ph	nys.	
NAME (Type), Y. BABURAD.	MD. DEGREE	LUTHERAN	Hospire	92. BALTO-16
BURIAL CREMATION, 248 DATE 24C. NAME	of CEMETERY OF CRE	MATORY 24D. LOC	ATION (City	town or county) (State)
Burral 9-4-70 M	1 the	un a	Rala Ei	y
MAY 1 RIV Paber E. Rader	-	2SC. FUNERAL DIRECTOR	Among	nlyomery M
150-REV. 1/1/68/V				0



150-REV. 1/1/68

4/2/70 - Extensive Preumonica Chr. Pul. Emplopena Pulm. TB. Retter from Church Home we fill Bur. of Birst. gc.

IMPORTANT

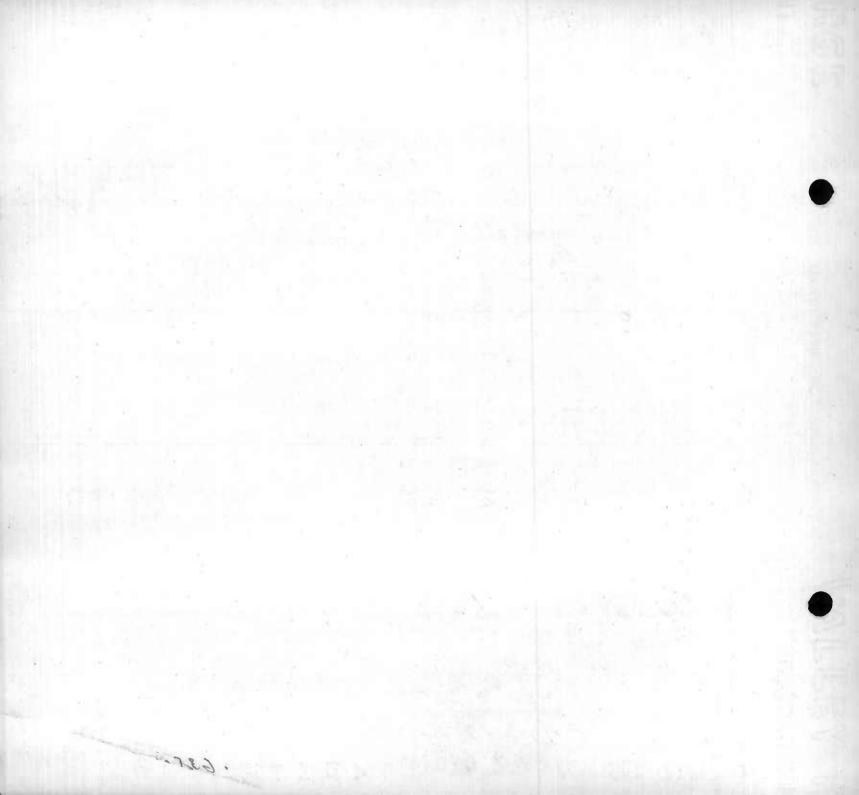
DIRECTOR:

FUNERAL

(4) - C (**)

FUNERAL DIRECTOR: IMPORTANT

11 2. 2 20	BALTIMORE CITY	HEALTH DEPARTMENT		70 4-44
7-362 70 45	41 CERTIFICA	TE OF DEATH	REG. NO	.70 4541
1. NAME OF DECEASED (Type or Print) PATTERSO,	N. NOSEPI	4. 4-2		7.55 a.m.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN	D. INS	IDE CHY LIMITS?
LUTherAN	HOSP.	E. STREET AND NUMBER	SSIMA	N 57.
10	NED NEVER MARRIED NED DIVORCED		ost birthdoy)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
LOSONER YESTA	VARNT	BAUTO MD		n.s.n.
13. FATHER'S NAME MANYIN PATTER	SON	DORA P.		
15. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17-44500444417		ADDRESS
(Yes, no or unknown) (If yes, give wor or dates at serv			c 2vorf	Prosstman!
1B. / 5 B / N	CAUSE OF DEATH			BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A PANAEDIATE CALL	- Carcinomal	tosis	4.17.70
(This does not meon the mode of dying, heart failure, asthenia, etc. II means the dise injury or complication which caused death.)	e.g., DUE TO, OR AS a	SE Larainom al		
ANTECEDENT CAUSES	100 Lange	Bowel Carci A CONSEQUENCE OF:	noma.	4 29.70
DISEASES OR CONDITIONS, if ony, gi	3	A CONSEQUENCE OF:		
rise to the obove cause (A) stoting UNDERLYING CONDITION tost.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).				
U 194 DATE OF OPERATION 198 CONDITION F	Ruier Gropsy	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., in home, lorm, loctory, street, of etc.)		(If In Boltimo	re City, give exoct locotion)
OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
(APPROX)	While At Work Not While At Work			
22. I certify that (W(this hospital) attend		. 17:	970 to 4.	29. 1970,
that (1) (we) last saw the deceased olive and haur and from the causes stated above			ot in (my) (961) opi	nion death occurred on the dote
23A. SIGNATURE	e. (i) (ye) (did) (did/not) V	iew the body offer deoffi.		23B, DATE SIGNED
P. Lanes M.D.	DL	nding Med.	Staff Phys.	4.29.70
23C. PHYSICIAN'S NAME (Type) P & NANES	DEGREE	23D. ADDRESS Ruther	an Hosp	Balto
	C. NAME of CEMETERY OF CRE	v ~ Y	CATION	ity. fown, or county) (State)
12/2/20	MARION	13	AUI	
25A. DATE REC'D BY HEALTH DEPT. / 25B. NA.	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	M 638 N	Gum m st
VC 150 PEV 1/1/49				

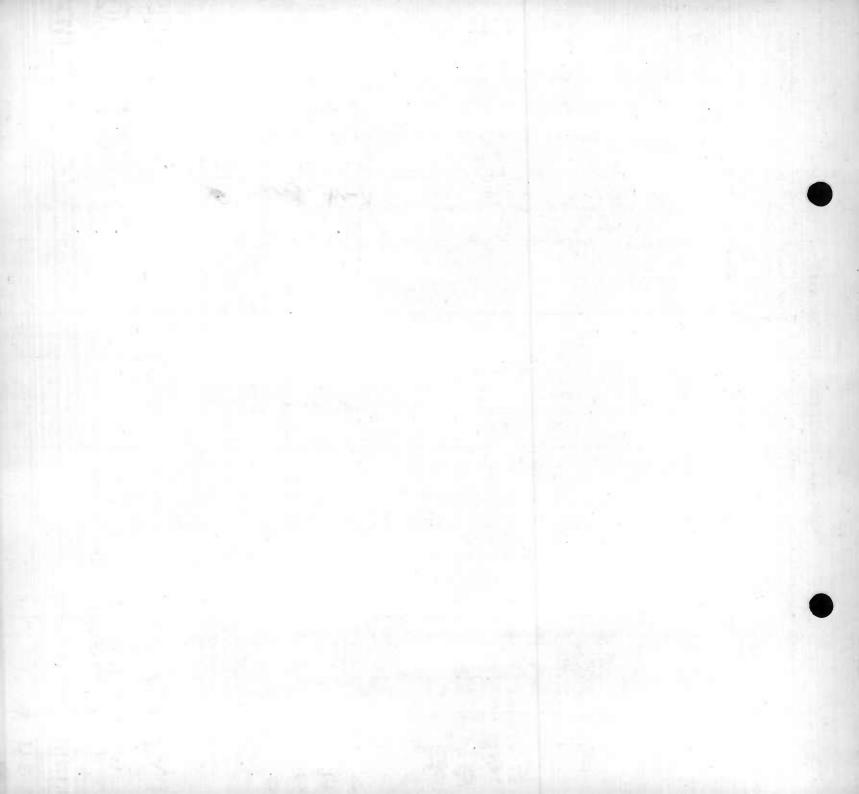




FUNERAL DIRECTOR:

VS 150-REV. 1/1/68





1-	1)	/
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature: (2) Body burns: (3) A fracture of any kind; (4) Undetermined cause: (5) Deceased	was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written and the deceased prior to death. Such
	This certificate must be a the body was released to shows: (1) An accident of	was D.O.A. at a hospital deceased prior to death)

		200			JRE CITT HE			220 110	170	4 - 4 -
	TH NO.	70	454	5 CERTI	IFICATE	OF D		REG. NO	70	4545
(Ту	PLACE IN BALT	Davenport	HERE PRONG	THE DUNCED DEAD		USUAL RESI	4	TO HOUR OF DEATH - 79 - 70 re deceased lived. If in	stitution: resid	9; 55P. M. dence befare admission)
FU HC	LL NAME OF	(IF NOT IN HOSPIT. ADDRESS OR LOCA	AL OR INSTI	TUTION, GIVE STI	REET 7	CITY OR TOV	llenda	le Street	DE CITY LIMI	/ _
15	16	Lutheron	Hosi	pital of h	narklage.	STREET AND	NUMBER	Don Dr	YES L	NO 🗌
5. \$	EX	6. RACE	7. MARRIED	NEVER MAR	RIED B. D	ATE OF BIR		9. AGE (In years lost birthday)	If Under 1 Manths: D	Yr. If Under 24 Hrs.
		JPATION (GVF kind of wark warking life, even if retired)	WIDOWED			- 12 -	- 94	75		OF WHAT COUNTRY?
13.	FATHER'S NAA	ΛE			14.	MOTHER'S	MAIDEN NA	ME		
		Ever in U. S. Armed Far	-0.2	1 6. SOCIAL	8	MAS	çie	Wash	ngton	DDRESS
		(If yes, give war ar date		SECURITY N	10.	ra \$	acks	en - 72	y ale	Pendale
NOI	(This does not heart foilure, injury or come of the company of the	LEADING TO DEATH of mean the made of osthenia, etc. It means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if obove cause (A) CONDITION lost. II ICANT CONDITIONS CO H BUT NOT RELATED TO TI	the disease death.) ony, giving stoling the	(B) DUE T	O, OR AS A CO	aner	rysi	el neipi	uşeğ	
ERTIFICAT	DISEASE OR CO	OPERATION 198. CON WAS PERI	T 1 (A).		ON	20 A. AUTOPS	SY? (Yes ar No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS COUSES OF DE	ON SIDERED ATH?
AL CER	OR CONTRIBU	IT WAS UNDERLYING CAUSE OF	21 ha	B. PLACE OF INJU me, farm, factory,	JRY (e.g., in ar street, affice	abaut 21 C. W bldg., INJUR	HERE DID Y OCCUR?	(If in Baltimar	e City, give e	exact location)
MEDIC	21D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)	w	E. INJURY OCCU	RRED Nat While At Work	21 F. H	OW DID INJ	URY OCCUR?	51	
	that (I) (we)	that (I) (this haspital last saw the decease I fram the causes stat	d alive an	4-9	- 70	19 70	and th	19 <u>70</u> ta at in(my) (aur) api	√ − Z nian death	9 1920 accurred an the date
	23A. SIGNATU	roletal 9	Pamar	chu.	Attending Phys.	· /	led.	Staff Phys.	23B. DATE	SIGNED
24A	VIOLE BURIAL CREA	MATION, 24B. DATE	PAR 24C.N	A R. M	1 BEREE	730	ASK!	purton for	ty, Idwn, ar	LMd (State)
25A	REMOVAL (S	BY HEALTH DEPA	70 B	ulal.		2SC. FUNER	AL DIRECTOR	vels.	Va.	ADDRESS
	MAY 1 150-REV. 1/1/6	1970 Vabers	, vaibe	* 42.0	00	MOS.	5 Kels	on 1348	V. Cal	hom St
1/0										

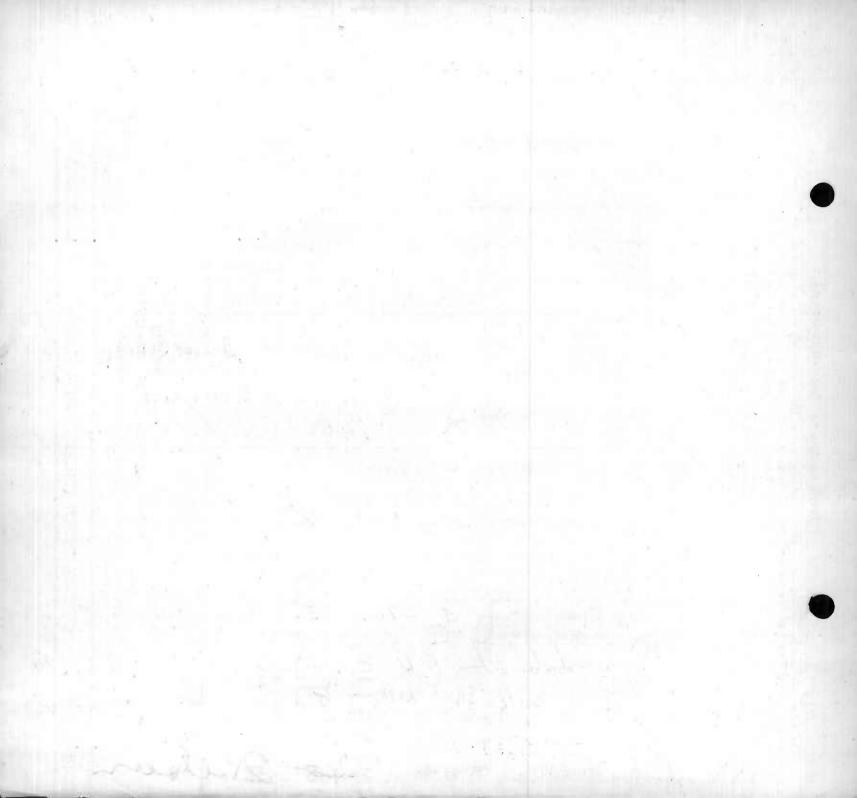
The second secon sac a say the mollan - Toy all

IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

CERTIFICATE OF DEATH



eceased

shows: SD 3 Such

eat

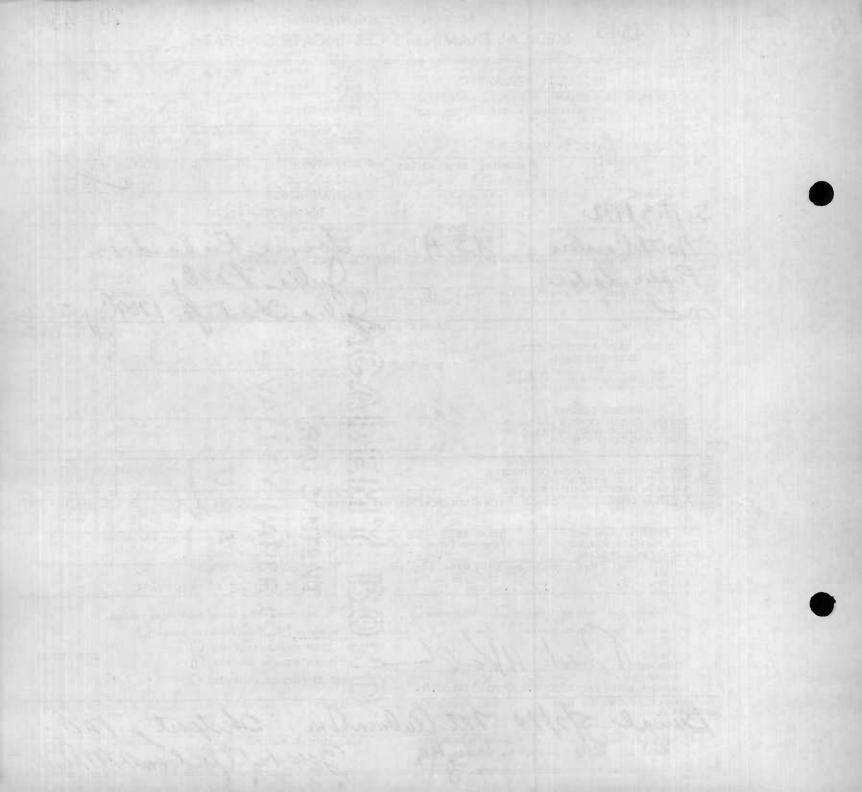
uo

death Deceased

VS 150-REV. 1/1/6B

Letter from J.H.H. 5-8-70 M.H.

BIRTH NC.	CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Day Yeor Hour
(Type or Print) DELORES RICHARDSON	OF Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD April 28,1970 4:55 P.
33 JOHNS HOPKINS HOSPITAL	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission) A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Negro WIDOWED DIVORCED	Baltimore YES NO NO
9. DATE OF BIRTH 10. AGE (In years Months; Doys & Hours; Min.	F. STREET AND NUMBER
11. BIRTHPLACE(Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Lowne achardely
done during most of working life even it retired)	113. MOTHER'S MAIDEN NAME
Table Spile	Julia Pally
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (il yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18 NEORMANT Sharker 1709 Cristal au
19. CAUSE OF DEA	ATH BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Gunshot	wound of chest
LEADING TO DEATH	CALISE
(This does not mean the mode of dying, e.g., heart toilure, osthenio, etc. it means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (B) (B) (B) (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (C)	
OF II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
	yes
WI UNDERLYING IX OF CONTRIR. Thome, form, foctory, street, allic	in or obout 22C. WHERE DID (II in Boltimore City, give exact location) te bldg., etc.) INJURY OCCUR?
□ UTING □ CAUSE OF DEATH. Sidewalk	1709 Crystal Avenue
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F, HOW DID INJURY OCCUR?
(APPROX.) 4-28-70 4:00 P.m., WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE Shot during altercation
23. 1 certify that I held an Inquiry Inspection Au	tapsy 🗵 and that on this basis, death in my apinian
resulted from Natural causes Accident Suicia	
Accident [] Suicit	
ACTUAL / /a s A /// //	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 4/29/70
24A, BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Staje)
Bural 3/2/1 M. Lube	un em. Hospail, nel.
25A. DATE RECIDEN HEALTH OF T. POBLE E. NAME OF REGISTRAR	25C. PUNERAL DIRECTOR CUCKARDIZATIONALIS
/S 151-REV. 1/1/68	1 1 3 4



ictson-

LILINAME OF MOSPITAL OR INSTITUTION, GIVE STREET A. STATE A. STATE A. STATE A. STATE A. STATE A. STATE ADDRESS OR LOCATION NOTH OPPITAL OR NOTHING THAT OR ADDRESS OR LOCATION NOTH OPPITAL OR NOTHING THAT OR NOTH THAT OR	TO PRINCE IN BASTIMORE MARRIAND - MISSING PROPORTION OF STREET A STATE A	BIR	TH NO. 40*	45 CEKTIFICA	ATE OF D	CAIH		
D. PLACE IN BALTIMORE, MARKINDOWNERD PRONOUNCED DEAD FULL NAME OF BIRTH BALTIMORE, MARKINDOWNERD PRONOUNCED DEAD FULL NAME OF BIRTH BALTIMORE, MARKINDOWNERD PRONOUNCED DEAD FULL NAME OF BIRTH BALTIMORE, MARKINDOWNERD BALTIMORY AND RESTORMENT BALTIMORY BALTIM	3. PRACE IN BALTIMORE MARKED MYSTER RONOUNCED BAD A. PRACE IN BALTIMORE MARKED MYSTER RONOUNCED BAD A. STATE A. COUNTY A. DOESS OR LOCATION ADDRESS OR LOCATION WIDOWED DIVORCED DIVORCED L. STREET AND NUMBER L. STREET A			0 11		2, DATE AND HOUR OF D	DEATH	- 1
LILINAME OF MOSPITAL OR INSTITUTION, GIVE STREET A. STATE A. STATE A. STATE A. STATE A. STATE A. STATE ADDRESS OR LOCATION NOTH OPPITAL OR NOTHING THAT OR ADDRESS OR LOCATION NOTH OPPITAL OR NOTHING THAT OR NOTH THAT OR	FULL NAME OF MOSTIAL OR INSTITUTION, GIVE STREET MOSTILLIA OR MOSTIAL MOSTIAL OR MOSTIAL MO	l'iy	Georgin	Ve ROLLIN	7.	9/28/70	HOPVOX4-S	H M
FULL MARKE OF REPORT OF MOSTITUTION, GIVE STREET C.CIEXOR TOWN D. INSIDE CITY LIMITS YES D NO L. STREET AND NUMBER P. MARKED NOVE NAMED NOVE NAMED NOVE NAMED NOVE NAMED NOVE NAMED	HULL MANE OF MADDRES OR LOCATION DE INSTITUTION, QVE STREET MODIFICATION ADDRESS OR LOCATION (INSTITUTION) TARRED (INSTITUTION) ADDRESS OR LOCATION (INSTITUTION) ADDRESS OR LOCATION (INSTITUTION) TARRED (INSTITUTION) ADDRESS OR LOCATION (INSTITUTION) ADDRESS (INSTITUTION) INSTITUTION (INSTITUTION) INST	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD			ed. If institution; residence before	e odmission)
NOTIFICATION NOTI	HOSHTULION NOTITION ADDRESS OR LOCATION) NOTITION ADDRESS OR LOCATION) NOTITION ADDRESS OR LOCATION) NOTITION ADDRESS OR LOCATION AD				M	1	7/14	
S. SERET AND NUMBER S. AACE NO PORT NO PRESSORED NO PRES	E. STREET AND NUMBER CACHE CACHE	HC	OSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C CITY OF TOY	UNI I	INICIDE CITY HAITS?	
S_SEX S_ACC NARRIED NEVER MARRIED S. DATE OF BIRTH S. AOE (II years If Under 1 Yr. If Under 24. H. S_SEX S_ACC NIDOWED DIVORCED DIVORCED S. DATE OF BIRTH S. AOE (II years If Under 1 Yr. If Under 24. H. S_SEX S_ACC NIDOWED DIVORCED S. DATE OF BIRTH S. AOE (II years If Under 1 Yr. If Under 24. H. S_SEX S_ACC NIDOWED DIVORCED DIVORCED S. DATE OF BIRTH S. AOE (II years If Under 1 Yr. If Under 24. H. S_SEX S_ACC NIDOWED DIVORCED S. DATE OF BIRTH S. AOE (II years If Under 1 Yr. If Under 24. H. S_SEX S_ACC NIDOWED DIVORCED SEX If Under 1 Yr. If Under 24. H. S_SEX S_ACC NIDOWED DIVORCED SEX If Under 1 Yr. If Under 24. H. SACC NIDOWED DIVORCED SEX If Under 1 Yr. If Under 24. H. SACC NIDOWED DIVORCED SEX If Under 1 Yr. If Under 24. H. SACC NIDOWED DIVORCED SEX If Under 1 Yr. If Under 24. H. SACC NIDOWED NIDOWED NIDOWED NIDOWED NIDOWED NIDOWED SACC NIDOWED NIDOWED NIDOWED NIDOWED NIDOWED NIDOWED NIDOWED SACC NIDOWED NIDOWED NIDOWED NIDOWED NIDOWED NIDOWED NIDOWED NIDOWED SACC NIDOWED SACC NIDOWED	SPEER AND NUMBER STREET AND NUMBER A DATE OF BIRTH A DATE O	IN	STITUTION		Ball	1		
S-SEX S-ACE MARRIED NEVER MARRIED B. DATE OF BIRTH S. AGE (III year) Months; Days Hours Min. 10A USUAL OCCUPATION (Give kind of weik) (10B KIND OF BUSINESS OR INDUSTRY 11) Marthf. ACE (Sade of foreign couplty) 12. CITIZEN OF WHAT COUNT 10. FATHER'S NAME 12. CITIZEN OF WHAT COUNT Marthf. ACE (Sade of foreign couplty) 12. CITIZEN OF WHAT COUNT 10. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 12. CITIZEN OF WHAT COUNT 10. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. MOTHER'S NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S NAM	Section Sectio				C STREET AND		YES LA NO	
TOAL USLAL OCCUPATION (Cive kind of work) DIR, KIND OF BUSINESS OR INDUSTRY 11.7 (RICHARD CE (Side 6 foreign coupley) 12. FATHER'S NAME 13. FATHER'S NAME 14. MOTHER'S MADE 15. Was Decerted Ever in U. S. Armed Forces? 17. INFORMANT 18. FOR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., theort folius, estheria, etc.). It means the disease, injury or complication which coused dooth.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if only, giving isse to the obove couse (A) stoling the UNDERLYING CONDITION Sol. (B) DUE TO, DNA'S A CONSEQUENCE OF: (C) OTHER SIGNIFICANT COUNTION SOL. (B) DUE TO, DNA'S A CONSEQUENCE OF: (C) OTHER SIGNIFICANT COUNTIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE REMINAL DISEASE OF CONDITION (SIN). (B) DUE TO, DNA'S A CONSEQUENCE OF: (C) OTHER SIGNIFICANT COUNTIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE REMINAL DISEASE OF CONDITION (SIN). (B) DUE TO, DNA'S A CONSEQUENCE OF: (C) OTHER SIGNIFICANT COUNTIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE REMINAL DISEASE OF CONDITION (SIN). (B) DUE TO, DNA'S A CONSEQUENCE OF: (C) OTHER SIGNIFICANT COUNTIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE REMINAL DISEASE OF CONDITION (SIN). (B) DUE TO, DNA'S A CONSEQUENCE OF: (C) OTHER SIGNIFICANT COUNTIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE REMINAL DISEASE OF CONDITION (SIN). (B) DUE TO, DNA'S A CONSEQUENCE OF: (C) OTHER SIGNIFICANT COUNTIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE REMINAL DISEASE OF CONDITION (SIN). (B) DUE TO, DNA'S A CONSEQUENCE OF: (C) OTHER SIGNIFICANT COUNTIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE REMINAL DISEASE OF CONDITION (SIN). (B) DUE TO, DNA'S A CONSEQUENCE OF: (B) DUE TO, DNA'S A CONSEQUENCE OF: (C) OTHER SIGNIFICANT COUNTING TO THE REMINAL DISEASE OF CONDITION (SIN). (B) DUE TO, DNA'S A CONSEQUENCE OF: (C) OTHER SIGNIFICANT COUNTING TO THE REMINAL DISEASE OF DEATH OF THE REMINAL DISEASE OF CONDITION (SIN). (B) DUE TO, D	CALUSAL OCCUPATION (Sive kind of working life, eyen) CALUSAL OCCUPATION (Sive exact localism) CALUSAL OCCUPATION (CALUSAL OCCUPATION) CAL	0	1919 NI Dall	oc. Pt	E. SIREET AIVE	G M/ D	11-	
TOAL USLAL OCCUPATION (Cive kind of work) DIR, KIND OF BUSINESS OR INDUSTRY 11.7 (RICHARD CE (Side 6 foreign coupley) 12. FATHER'S NAME 13. FATHER'S NAME 14. MOTHER'S MADE 15. Was Decerted Ever in U. S. Armed Forces? 17. INFORMANT 18. FOR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., theort folius, estheria, etc.). It means the disease, injury or complication which coused dooth.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if only, giving isse to the obove couse (A) stoling the UNDERLYING CONDITION Sol. (B) DUE TO, DNA'S A CONSEQUENCE OF: (C) OTHER SIGNIFICANT COUNTION SOL. (B) DUE TO, DNA'S A CONSEQUENCE OF: (C) OTHER SIGNIFICANT COUNTIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE REMINAL DISEASE OF CONDITION (SIN). (B) DUE TO, DNA'S A CONSEQUENCE OF: (C) OTHER SIGNIFICANT COUNTIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE REMINAL DISEASE OF CONDITION (SIN). (B) DUE TO, DNA'S A CONSEQUENCE OF: (C) OTHER SIGNIFICANT COUNTIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE REMINAL DISEASE OF CONDITION (SIN). (B) DUE TO, DNA'S A CONSEQUENCE OF: (C) OTHER SIGNIFICANT COUNTIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE REMINAL DISEASE OF CONDITION (SIN). (B) DUE TO, DNA'S A CONSEQUENCE OF: (C) OTHER SIGNIFICANT COUNTIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE REMINAL DISEASE OF CONDITION (SIN). (B) DUE TO, DNA'S A CONSEQUENCE OF: (C) OTHER SIGNIFICANT COUNTIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE REMINAL DISEASE OF CONDITION (SIN). (B) DUE TO, DNA'S A CONSEQUENCE OF: (C) OTHER SIGNIFICANT COUNTIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE REMINAL DISEASE OF CONDITION (SIN). (B) DUE TO, DNA'S A CONSEQUENCE OF: (B) DUE TO, DNA'S A CONSEQUENCE OF: (C) OTHER SIGNIFICANT COUNTING TO THE REMINAL DISEASE OF CONDITION (SIN). (B) DUE TO, DNA'S A CONSEQUENCE OF: (C) OTHER SIGNIFICANT COUNTING TO THE REMINAL DISEASE OF DEATH OF THE REMINAL DISEASE OF CONDITION (SIN). (B) DUE TO, D	Coad Sural Occupation (sive kind of workings (it., every larinds) Coad Survival (it.) Divorced The Mark of Country (it.) The Mark of		Ol X 1 IV. Dalla	12 71.	10	111119	1100	
TO JUSTAL OCCUPATION Give bind on which give the doubt of the working life, every reliabled to which gife, every reliabled to the reliable to the rel	IDA SUSTA OCCUPATION IGNES INTO OF BUSINESS OR INDUSTRY IN THE HEAVE (Sale of foreign coupley) 13. TATHEY'S NAME	5	SEX 6-RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIR			
donedulars made of weeking life, eyee. ferinder	13. FATHER'S NAME	F	emale Colored WIDO	WED DIVORCED	14/14/	4//	9	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECERTED EVEN IN U. S. Armed Forces? 17 SECURITY NO. 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart folius, ostlemio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if ony, giving rise to the obove couse (A) stofting the UNDERLYING CONDITION lost. OTHER STONIFICANT CONDITIONS CONTRIBUTING TO THE DEATH SUIT NOTHER STONIFICANT CONDITION SON. OTHER STONIFICANT CONDITIONS CONTRIBUTING TO THE DEATH SUIT NOTHER STONIFICANT CONDITION SON. OTHER STONIFICANT CONDITION TO SECONDITION FOR WHICH OPERATION AS A CONSEQUENCE OF: OF CONTRIBUTING CONTRIBUTING TO CONTRIBUTING TO THE DEATH SUIT NOTHING STONIFICANT CONTRIBUTING TO CONTRIBUTION TO CONTRIBUTION TO CONTRIBUTION TO CONTRIBUTION TO CONTRIBUTE TO CONTRIBUTION TO CONTRIBUTE TO CONTRIBUTION TO CONTRIBUTE TO CONTRIBUTION TO CONTRIBUTE TO CONTRIBUTION TO CONTRIBUTION TO CONTRIBUTION TO CONTRIBUTE TO CONTRIBUTION TO CONTRIBUTION TO CONTRIBUTION TO CONTRIBUTION TO CONTRIBUTE TO CONTRIBUTION TO CONTRIBUTE TO CO	13, FATHER'S MAME			D OF BUSINESS OR INDUSTR	Y 11. FIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHA	COUNTRY
13. MOTHER'S MAIME 14. MOTHER'S MAIME 15. WOS Decedred Ever in U. S. Armed Forces? 17. INFORMANT 17. INFORMANT 18. W Q D D D D D D D D D D D D D D D D D D	13. FATHER'S NAME	don	Hallandilla		Mar	. Iland	115A	
15. Wos Decessed Ever in U. S. Armed Forces? 16. SOCIAL SCURITY NO. 17. INFORMANT 18. Ward Rolling - 9.29 N. Dallas 18. J. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., hoof foliule, e.shenio, elect. It moons the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION Soll. ON THE UNDERLYING CONDITION Soll. OTHER SIGNIFICANT CONDITION S CONTRIBUTING (C). 193. A ACCIDENT WAS UNDERLYING DIRECTION PART (A) 194. A ALTOPSTY (Ves or Not) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? OR CONTRIBUTING CAUSE OF DEATH OR CAUSE OF DEATH? 20. 212. A ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH? OR CONTRIBUTING CAUSE OF DEATH OR WHICH OPERATION PART (A) 218. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH? 219. DEATH (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED Work AT WOR	15. West Decenter Even in U. S. Armed Poices! (17. INFORMANT 17. INFORMANT	12			14 MOTHERS	VIMIVA	01,011	0
The control of the	Visual or unknown (If yes, give wor or dotes of service) SECURITY NO. SECU	13.) C+	1. /	14. MOTHER'S	MAIDEN NAME		
The control of the	Testing of unknown (if yes, give wer or dotes of service) SECURITY NO. SEC	1	720rge, L. 0191	NIGA	150	Sa /INA		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foliure, osthenic, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. (B) DUE TO, OR AS A CONSEQUENCE OF: (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELIATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELIATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING WAS PERFORMED OF CONTRIBUTING CAUSE OF DEATH? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). IN CERTIFYING CAUSES OF DEATH? OF DEATH Contribution of Contributions C	This does not meen the mode of dying, e.g., then foliur, oshenic, etc. It means the disease, injury or complication which coused death.] ANTECEDENT CAUSE DISEASE OR CONDITIONS, if ony, giving isse to the above couse (A) stoling the UNDERLYING CONDITION tost. OTHER SIGNIFICANI CONDITION SONTRIBUTING TO THE DEATH BUT NOT SELECT TO THE FEMINAL DISEASE OR CONDITION [98, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH? OF PARTY HIGHLY THE CONDITION CONTRIBUTING TO THE OPERATION [98, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 228, PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID (IN DEATH BUT WORK OF DEATH (indiv) medical countment of the course of Death (indiv) medical countment of the death of the deat	15.	Wos Decedsed Ever in U. S. Armed Forces?	16 SOCIAL	17. INFORMANT		ADDRESS	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foliure, osthenic, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITION SOLD THE IERMINAL DISEASE OR CONDITION GIVEN IN PART I.d.). OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION OR CONTRIBUTING CONDITION GIVEN IN PART I.d.). 21. A ACCIDENT WAS UNDERLYING OR CONDITION FOR WHICH OPERATION OR CONTRIBUTING CONDITION GIVEN IN PART I.d.). 21. A CCIDENT WAS UNDERLYING OR CONDITION FOR WHICH OPERATION OR CONTRIBUTING CAUSE OF OR CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21. THE (Month) (Doy) (Year) (Hour) 21E. INJURY (e.g., in or about 21C. WHERE DID INJURY (APPROX.) 22. I certify that (I) (Introduced the deceased from that (I) (we) last saw the deceased alive an	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does noll mean he mode of dying, e.g., heart floilure, osthenic, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stoling the UNDERLYING CONDITION lost. (B) DIETO, OR AS A CONSEQUENCE OF: (C) OTHER SIGNIFICANT CONDITION SOLD THE TERMINAL DISEASE OR CONDITION OF THE TERMINAL DISEASE OR CON	(16	N	SECURITY NO.	Lynn	J K. Him	anall Dal	lac #
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foliure, osthenic, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITION SOLD THE IERMINAL DISEASE OR CONDITION GIVEN IN PART I.d.). OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION OR CONTRIBUTING CONDITION GIVEN IN PART I.d.). 21. A ACCIDENT WAS UNDERLYING OR CONDITION FOR WHICH OPERATION OR CONTRIBUTING CONDITION GIVEN IN PART I.d.). 21. A CCIDENT WAS UNDERLYING OR CONDITION FOR WHICH OPERATION OR CONTRIBUTING CAUSE OF OR CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21. THE (Month) (Doy) (Year) (Hour) 21E. INJURY (e.g., in or about 21C. WHERE DID INJURY (APPROX.) 22. I certify that (I) (Introduced the deceased from that (I) (we) last saw the deceased alive an	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does noll mean he mode of dying, e.g., heart floilure, osthenic, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stoling the UNDERLYING CONDITION lost. (B) DIETO, OR AS A CONSEQUENCE OF: (C) OTHER SIGNIFICANT CONDITION SOLD THE TERMINAL DISEASE OR CONDITION OF THE TERMINAL DISEASE OR CON	-	1V 6	CAUCE OF BEA	mo war	-C111011107	10110. DVI	14701
LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenic, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) storing the UNDERLYING CONDITION Tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART IA). OTHER SIGNIFICANT CONDITION OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART IA). 19. A ACCIDENT WAS UNDERLYING OR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH? 21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR WHICH OPERATION PART IA). 21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSES OF DEATH? 21. DITIME (Month) (Doy) (Year) (Hour) Etc. INJURY (e.g., in or about 21C. WHERE DID OR CONTRIBUTING CAUSES OF DEATH? 21. DITIME (Month) (Doy) (Year) (Hour) Etc. INJURY OCCUR? 21. Certify that (I) (this to prival) attended the deceased from that (I) (we) lost saw the deceased alive an and haur and fram the causes stated abave. (I) (We) (did) (did loss) view the bady after death. 23. SIGNATURE Attending Med. Stoff Med.	LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foliure, ostherio, etc., it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving itse to the above couse (A) stoting the UNDEATING CONDITION [6]. OTHER SIGNIFICANT CONDITION IS. OTHER SIGNIFICANT CONDITION SONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION [7]. A ACCIDENT WAS UNDERVING—[7]. THE CONDITION FOR WHICH OPERATION [7]. A ACCIDENT WAS UNDERVING—[7]. THE CONDITION FOR WHICH OPERATION [7]. A ACCIDENT WAS UNDERVING—[7]. THE CONDITION FOR WHICH OPERATION [7]. A ACCIDENT WAS UNDERVING—[7]. THE CONDITION FOR WHICH OPERATION [7]. A ACCIDENT WAS UNDERVING—[7]. THE CONDITION FOR WHICH OPERATION [7]. A ACCIDENT WAS UNDERVING—[7]. THE CONDITION FOR WHICH OPERATION [7]. A ACCIDENT WAS UNDERVING—[7]. THE CONDITION FOR WHICH OPERATION [7]. A ACCIDENT WAS UNDERVING—[7]. THE CONDITION FOR WHICH OPERATION [7]. A ACCIDENT WAS UNDERVING—[7]. THE CONDITION FOR WHICH OPERATION [7]. A ACCIDENT WAS UNDERVING—[7]. THE CONDITION FOR WHICH OPERATION [7]. A ACCIDENT WAS UNDERVING—[7]. THE CONDITION FOR WHICH OPERATION [7]. THE COND		4/00.01	CAUSE OF DEA	i H			
(A) IMMEDIATE CAUSE DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. NOTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 10 A.D.A.D.A.T. OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or Not) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO ROUTE OF INJURY (e.g., in or obout 21C. WHERE DID DEATH (notify medical examinet) or CONTRIBUTING CAUSE OF OF INJURY (e.g., in or obout 21C. WHERE DID DEATH (notify medical examinet) or CONTRIBUTING CAUSE OF INJURY OCCUR? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? 21B. PLACE OF INJURY OCCUR? 21C. Injury Occurs 21C. How DID INJURY OCCUR? 21C. Tertify that (I) (this tempital) attended the deceased from 19 To	(A)MMEDIATE CAUSE (B) CAUSE (C) (C) (C) (C) (C) (D) (C) (D) (D			1 and	- W - W	slus accin	Junt	1
heof foliure, osthenio, etc. If means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITION Sol. OTHER SIGNIFICANT CONDITION Sol. OTHER DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION SISEASE OR CONDITION GOVERNOR WAS PERFORMED OF CONTRIBUTING CAUSE OF CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OF CAUSE OF DEATH? OF CONTRIBUTING CAUSE OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID Nome, form, foctory, street, office bidg, linjury occur? OF INJURY OCCUR? OF INJURY OCCUR? While Al Not While At Work At	hoof foliuse, osthenio, etc. It moons the disease, injury or complication which coused death.] ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION tool. OTHER SIGNIFICANT CONDITION 10st. OTHER SIGNIFICANT CONDITION SONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION RIVEN IN PART (A). 10 JIPA-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? OR CONTRIBUTING CAUSE OF DEATH? OR CONTRIBUTING CAUSE OF CONDITION OF CONTRIBUTING CAUSES OF DEATH? 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED work at Work A WORE			(A) IMMEDIATE CA	USE	CILL	1 332000	CUIAT
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING AUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING PEATH (Indiffy medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, footbay, street, office bidg., INJURY OCCUR? 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from 19 and that in (my) (and) aplinian death accurred an the d and haur and from the causes stated abave. (I) (Wo) (did) (did) (did) view the bady after death. 23A. SIGNATURE Attending Amed. Stoff 22B. DATE SIGNED	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving isse to the obove couse (A) stoling the UNDERLYING CONDITION tolst. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 12 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH AND THE PROPERTY OF CONTRIBUTING CAUSES OF DEATH? 13 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONTRIBUTING CAUSES OF DEATH? 14 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS CONSIDERED IN CERTIFITING CAUSES OF DEATH? 15 OTHER SIGNIFICANT CONTRIBUTING COURSED TO THE TERMINAL DISEASE OR CONTRIBUTIONS CONSIDERED IN CERTIFITING CAUSES OF DEATH? 16 OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS CONSIDERED IN CERTIFICATION	1	heort foilure, osthenio, etc. It meons the dise		S A CONSEQUENCE	OF:	8.0	
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 199.A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART [A].		injury or complication which coused death.)	1				
Tise to the obove couse (A) stoling the UNDERLYING CONDITION tost. Columber 1	isse to the obove couse (A) stoling the UNDERLYING CONDITION lost. (C) 10 11 12 12 13 14 15 15 15 15 15 15 15		ANTECEDENT CAUSES	(B) 770	catens	16 C.V. 0130	asc 19	44
UNDERLYING CONDITION lost. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME OF INJURY (APPROX.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While Work Not While Work 19 21F. HOW DID INJURY OCCUR? While Work 21F. HOW DID INJURY OCCUR? While At Work 19 22A. SIGNA) 23B. DATE SIGNED Attending Med. Shoff	UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH? OR CONTRIBUTING CAUSE OF DEATH? 1218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH? DEATH (Inelify medical examiner) 1210. TIME (Month) (Doy) (Year) (Hour) (Year) (Hour) (Year) (Hour) (A) While A1 Not While A1 Work A1 Work A1 Work A210. TIME (Month) (Doy) (Year) (Hour) (Year) (Hour) (Ho			iving	S A CONSEQUENC	E OF:		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (AUSE OF DEATH) 21B. PLACE OF INJURY (e.g., in or obout 121C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? etc.) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (!) (this happing) attended the deceased from Work At Work At Work At Work 23A. SIGNATURE ON THER SIGNIFICANT CONDITIONS CONTRIBUTING 199. AUTOPSY? (Yes or No) 190. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) (If in Boltimore City, give exact location) At Work While At Work At Work 21F. HOW DID INJURY OCCUR? That (!) (we) last saw the deceased alive an 19 and that in(my) (we) aplnian death accurred an the death and haur and from the causes stated abave. (!) (We) (did) (did not) view the bady after death. 23B. DATE SIGNED Attending Med. Staff	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bidg., OF INJURY OF INJURY OF INJURY (APPROX.) 21F. HOW DID INJURY OCCUR? While AI Work 21F. HOW DID INJURY OCCUR? While AI Work 21F. HOW DID INJURY OCCUR? While AI Work 21F. HOW DID INJURY OCCUR? That (I) (we) last saw the deceased alive an Secure of the date and haur and fram the causes stated abave. (I) (We) (did) (did was) view the bady after death. 23A. SIGNATURE AHending AHENDY AT DATE AT DA							
TO THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 170 THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 170 THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 170 THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 170 THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 170 THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 170 THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 170 THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION PART 1 [A]. 170 THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION PART 1 [A]. 170 THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION PART 1 [A]. 170 THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION PART 1 [A]. 170 THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION PART 1 [A]. 170 THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION PART 1 [A]. 170 THE DEATH BUT NOTRELATED TO THE TEMPORY TO THE TEMPOR	TO THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.01 19A. DATE OF OPERATION 19A. DATE OF OP			(0)				
TO THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 170 THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 170 THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 170 THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 170 THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 170 THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 170 THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 170 THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION PART 1 [A]. 170 THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION PART 1 [A]. 170 THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION PART 1 [A]. 170 THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION PART 1 [A]. 170 THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION PART 1 [A]. 170 THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION PART 1 [A]. 170 THE DEATH BUT NOTRELATED TO THE TEMPORY TO THE TEMPOR	TO THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.01 19A. DATE OF OPERATION 19A. DATE OF OP	z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	ING				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 21E. INJURY OCCURRED While At Not While At Work At Work 22. I certify that (I) (this hapital) attended the deceased fram 19	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING'S CONSIDERED NO. CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING'S CONSIDERED NO. CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING'S CONSIDERED NO. CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING'S CONSIDERED NO. CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING'S CONSIDERED NO. CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING'S CONSIDERED NO. CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING'S CONSIDERED NO. CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING'S CONSIDERED NO. CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING'S CONSIDERED NO. CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING'S CONSIDERED NO. CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING'S CONSIDERED NO. CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING'S CONSIDERED NO. CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING'S CONSIDERED NO. CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING'S CONSIDERED NO. CERTIFYING CAUSES OF DEATH? 21D. TIME		TO THE DEATH BUT NOT RELATED TO THE TERMI.					
OR CONTRIBUTING CAUSE OF Lorent (Industry) INJURY OCCUR? OF INJURY OCCUR? OF INJURY OCCUR? While At Work At Work 19 1a 1	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DEATH (notify medical examiner) DEATH (notify			FOR WHICH OPERATION	20 A. AUTOPS	Y? (Yes or No) 208. IF YES.	WERE FINDINGS CONSIDERED)
OR CONTRIBUTING CAUSE OF Lorent (Industry) INJURY OCCUR? OF INJURY OCCUR? OF INJURY OCCUR? While At Work At Work 19 1a 1	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DEATH (notify medical examiner) DEATH (notify	II.				IN CERTIFYIN	IG CAUSES OF DEATH?	
OR CONTRIBUTING CAUSE OF Lorent (Industry) INJURY OCCUR? OF INJURY OCCUR? OF INJURY OCCUR? While At Work At Work 19 1a 1	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 22D. TIME (Month) (Doy) (Hour) (Hour) (Hour) 22D. TIME (Month) (Hour) (Hour	CER	21A. ACCIDENT WAS UNDERLYING	218, PLACE OF INJURY (e.g.	in or obout 21C. W	HERE DID (If in E	altimore City, give exact location	n)
21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work 22. I certify that (I) (this hospital) attended the deceased fram 19 to 19 and that in(my) (and) aplnian death accurred an the dand haur and fram the causes stated abave. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 21F. HOW DID INJURY OCCUR? 19 9 and that in(my) (and) aplnian death accurred an the day after death.	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work Not While At Work 1 Month Not While Indianal Physics Indianal Research Indianal Physics Indianal Research I		OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY	OCCUR?		"
OF INJURY (APPROX.) While At Work 22. I certify that (I) (this hospital) attended the deceased fram 19 ta 19 that (I) (we) last saw the deceased alive an 1 2 5 19 9 and that in(my) (we) aplnian death accurred an the d and haur and fram the causes stated abave. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE Attending The Med. Staff The Sta	OF INJURY (APPROX.) While At Work At Work 22. I certify that (I) (this hapitel) attended the deceased fram that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) (We) (did) (did wo) view the bady after death. 23A. SIGNATURE Attending Med. Director Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DIATE 24C. NAME & CEMETERY of CREMATORY AT DUTUS (City, town, or county) (Stote) AT DUTUS (Stote)	U					OT REFINE	
(APPROX.) While At Work 22. I certify that (I) (this hospital) attended the deceased fram 19	(APPROX.) While At Work 22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an	144				DW DID INJURY OCCUR?		
22. I certify that (I) (this hospital) attended the deceased fram 19 ta 19 that (I) (we) last saw the deceased alive an 1 2 8 19 and haur and fram the causes stated abave. (I) (We) (did) (did we) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending The Med. Staff	22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an 1.28. 19.9. and that in (my) (and) aplinian death accurred an the date and have and fram the causes stated abave. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE Attending Med. Director Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DIATE 24C. NAME CEMETERY of CREMATORY ATDIALS (City, town, or county) 24A. BURIAL CREMATION, 24B. DIATE 24C. NAME CEMETERY of CREMATORY ATDIALS (City, town, or county) ATDIALS (Stote)	>						
that (I) (we) last saw the deceased alive an	that (I) (we) last saw the deceased alive an		22 consider sheet (1) (sheet-smited) assert	1	70	74/ 10 4	4/28	10 70
and haur and fram the causes stated abave. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending The Med. Staff	and haur and fram the causes stated abave. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE Attending Med. Director Staff Phys. 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DIATE 24C. NAME CEMETERY of CREMATORY ACCOUNTY ACCOUNTY (Stote) ACCOUNTY ACCOUNTY (Stote)			71/00 0-				, 17
23A. SIGNATURE Attending Amed. Staff	23A. SIGNATURE Attending Phys. Attending Phys. 23C. PHYSICIAN'S NAME (Type) Attending Phys. 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 24A. BURIAL CREMATION, PREMOVAL (Specify) AT DUTY OF THE PHYSICIAN'S NAME (City, town, or county) Attending Phys. 23D. ADDRESS 24D. LOCATION, (City, town, or county) AT DUTY OF THE PHYSICIAN'S NAME (Stote)		that (1) (we) last saw the deceased alive	an // / 5	19.67	and that in(my) (🗪	aplnian death accurred	an the date
23A. SIGNATURE Attending Med. Director Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS	DEGREE 24A. BURIAL CREMATION, 24B. DIATE 24C. NAME OF CREMATORY BEROVAL (Specify) 4/30/70 Arbutus Nem. 9rk Arbutus Md, (Stote)				view the bady a	fter death.		
23C. PHYSICIAN'S NAME (Type) Altending Phys. Director Phys. Direc	DEGREE 24A. BURIAL CREMATION, 24B. DIATE 24C. NAME OF CREMATORY BEROVAL (Specify) 4/30/70 Arbutus Nem. 9rk Arbutus Md, (Stote)		23A. SIGNATURE				23 B. DATE SIGNED	
23C. PHYSICIAN'S NAME (Type) RALTIMORE MD. 23D. ADDRESS 23D. ADDRESS	DEGREE 24A. BURIAL CREMATION, 24B. DIATE 24C. NAME OF CREMATORY BEROVAL (Specify) 4/30/70 Arbutus Nem. 9rk Arbutus Md, (Stote)		TARROW SHOW	AT PH	tending M		4-129	10
NAME (Type)	DEGREE 24A. BURIAL CREMATION, 24B. DIATE 24C. NAME OF CREMATORY BEROVAL (Specify) 4/30/70 Arbutus Nem. 9rk Arbutus Md, (Stote)		23C.PHYSICIAN'S	DEGREE			1 1	//-
NO.	Barial CREMATION, 24B. DIATE 24C. NAME CEMETERY of CREMATORY 24D. LOCATION, (City, town, or county) (Stote)		NAME (Type)	SON ST.				
DEGREE	Darial 4.30/10/Arbylus/km. rath Arbylus MO,	244	A PURIAL CREATATION 1948 DIATE	DEGRE		240 100471041	(City town	151-1-1
REMOVAL (Specify)	Darial 4.30/10/Arbylus/km. rath Arbylus MO,	1	REMOVAL (Specify)	A I L M	KENTATORS	L ZAD. LUCATION	(City, town, or county)	(31016)
		F	1 /4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Arbulus	em. rahl	Arbulus	MO	
	25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	25/	A. DATE REC'D BY HEALTH DEPT 258. NA	ME OF REGISTRAR	25C. FUNERA	L DIRECTOR	ADDRESS	1 1
The state of the s	MAN I MARKET 1 A S. CONT. A. D. 11/12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		MAIL MIN 1460	E GOOD HO	1 / Apr -	tonk. Elic	156N-112411	arc IN
The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		איייי ד ופוח היפלים	La Lances LES U	1 1	10 N. L. Y. I.C.	12011-118/11/C	dicil 16.

Extended offar to (allegament to prome upone) Apparlment C. V. Dissent 19 999 THE MORNING AM TEAL OF ROLLS ON ADOMINIAN

		BALTIMORE CITY	HEALTH DEPARTMENT		70 4550
	70 45	50 CERTIFICA	TE OF DEATH	REG. NO	1/0 4550
IRTH NO.	70 40	30 0=11111		D HOUR OF DEATH	
Type or Print)	William J	. Kennedy	Apri	1 29, 197	
. PLACE IN BALTIMORE	E MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where		nstitution: residence before admissio
OSPITAL OR A	F NOT IN HOSPITAL OR IN DDRESS OR LOCATION)		Maryland c. CITY OR TOWN Baltimore		IDE CITY LIMITS? YES NO
306 E.	University	Parkway	306 E. Univ	ersity Pa	rkwav
SEX 6. RAC	E 7. MADD	NEVER MARRIED	H	AGE (In years	If Under 1 Yr., If Under 24 Hi
M	W widow	*/=	6-27-1899	70	Months Doys Hours Min.
		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	gn country)	12. CITIZEN OF WHAT COUNTI
ane during most of working Yard Maste		& O RR.	Baltimore,		U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	1E	
William	Kennedy		Sarah		
5. Was Deceased Ever in 'es, no or unknawn) (If yes	U. S. Armed Forces?	ce) 1 6. SOCIAL SECURITY NO.	17. INFORM ANT		ADDRESS
	WWII	705-05-3749	A Mrs. Mar	ie W. Ken	nedy Same
1B. //	91	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
DISEASE OR	CONDITION DIRECTLY		cerebrovascul	lam aggiden	
LEADI	NG TO DEATH	(A) IMMEDIATE CAL		tar acciden	Immediate
	an the made of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
	ia, elc. II means the dise an which caused death.)	ase,			And Tales Tolk Street
ANTEC	EDENT CAUSES	ALC: NO SECURE			
	ONDITIONS, if any, gi	(B)	A CONSEQUENCE OF:		
	ve cause (A) stating				
UNDERLYING CON	IDITION last.	(C)			
	11				
	CONDITIONS CONTRIBUTION				
DISEASE OR CONDITI	ON GIVEN IN PART 1 (A).				
19A. DATE OF OPERA	ATION 198 CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WA	CAUSE OF	21B. PLACE OF INJURY (e.g., i home, farm, foctary, street, of	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimo	re City, give exoct locotion)
DEATH (notify medical	ol exominer)	etc.)			
M OF INITION	h) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)		While At Not While At Work			
20 1 1/	1) / 1			15	- 4
		ed the deceased fram		968 10 29	
that (I) (we) lost s	saw the deceased olive	on 29 cpm	197.0 ond the	ot in (my) (opi	inion death occurred on the de
ond haur ond from	the causes stated abov	e. (1) (4) (did)	view the body ofter deoth.		
23A. SIGN ATURE					23B. DATE SIGNED
150	11.11	M.D Atte		Staff	30 april 19 70
23 C. PHYSICIAN'S	/	DEGREE	s. Director L	Phys. 🖵	7
NAME (Type)	Dr. J. Div	on Hills		Paul Stre	et
		DEGREE			
REMOVAL (Specify)		C. NAME of CEMETERY of CR			ity, town, or county) (Stote)
Burial	5-2-1970	Greenmount (Cemetery Ba	ltimore,	Md.
SA. DATE REC'D BY HE	ALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
MAY 1	1970 Pale & E	FOLGO MED -	Henry Was	enkins &	Sons Co. Mal 2121
	And And And the sizes	A	COLCH C. F.	York Road	T DOT OO . LICE

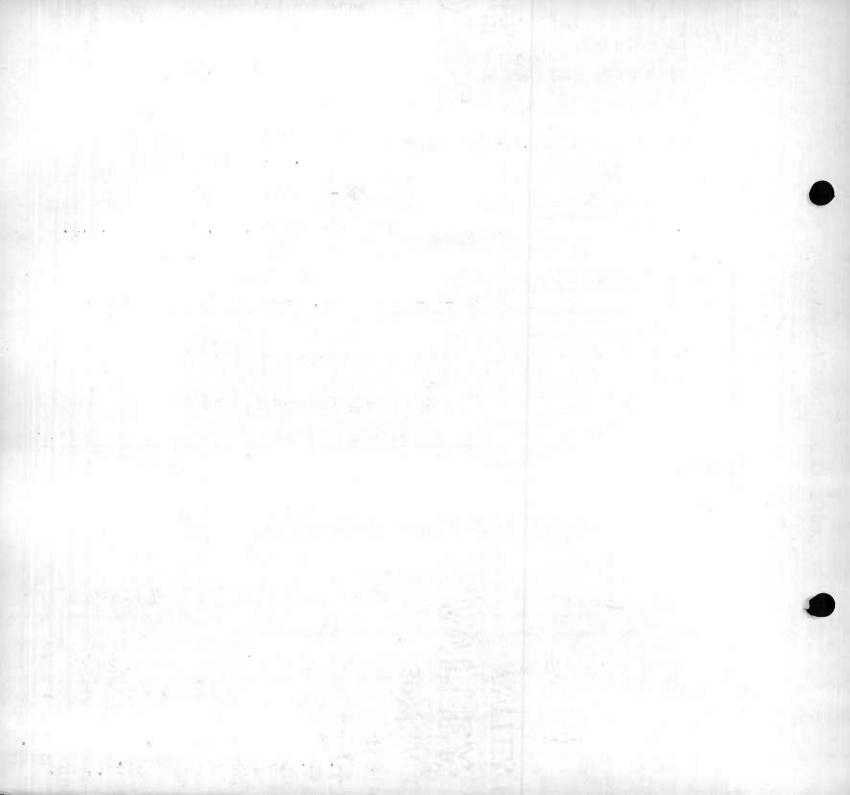
cordenyascular accident walling

choice 29 member to

The state of

BIRTH NO.	70	4551	CERTIFICA	TE OF DEA	TH REG.	NO/U	4551
Type or Print)		arl Hage	n	2. 0	DATE AND HOUR OF	DEATH	10.45
3. PLACE IN BAL	TIMORE, MARYLAND, W	4			CE (Where deceased in	ved. If institution; res	sidence before admis
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTI ATION)	ON, GIVE STREET	Marylan c. CITY OR TOWN	d COUNTY	D. INSIDE CITY LIA	903 AITS?
House	In The Pir	nes - Be	lvedere	Baltimo E. STREET AND NU 603 E.	re MBER 34th Stre	YES 3	NO 🗌
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yellast birthdoy)	eors If Under Manths	1 Yr. If Under 24 Doys Haurs Mi
M	W	WIDOWED	DIVORCED	12- 18	397 72		
	UPATION (Give kind af worl working life, even if refired)	108, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stot	e or foreign country)	12. CITIZ	EN OF WHAT COU
Labor		Labor	•	Alexand	ria, Va.	Ţ	J.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIL	DEN NAME		
						Vermillia	an
5. Was Deceosed	Ever in U. S. Armed For	rces?	6. SOCIAL	17. INFORMANT			ADDRESS
Yes, no or unknown	(If yes, give war ar date	es at service)	7-26-1978	Mrs. Ha	rry Nagle	Sa	ame
UNDERLYING OTHER SIGNIII TO THE DEA'S DISEASES OF THE DEA'S OTHER SIGNIII TO THE DEA'S DISEASE OF CO 19A. DATE OF 21A. ACCIDE OF CONTRIBI DEATH (notify)	SE OR CONDITION DI LEADING TO DEATH not meon the mode of osthenio, etc. It meons noplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION last.	dying, e.g., the disease, deoth.) any, giving stating the INTRIBUTING HE TERMINAL IT 1 (A). 21B. PL home, etc.) (Haur) 21E. It	(C)	A CONSEQUENCE OF A CONSEQUENCE A CONSEQUENCE OF A CONSEQUENCE O	dw to Blood es or Nol 208. IF YES IN CERTIFY E DID (If in	WERE FINDINGS PING CAUSES OF D	
22. I certify that (I) (we)	that (1) (this hospita) lost sow the decease d from the couses sto	ed olive on	deceased from H28/70	11/14/68		our) opinion deat	3/7019 h occurred on the
23A. SIGNATU	- William Fr	imakol	DEGREE Phy	nding Med. Directo	ar Staff Phys.	23 8. DATE	29/70
NAME (1	MATION, 24B. DATE	A PRIM	A KOFF DEGREE	EMELSO	MAN ALT	Balting (City, town, or	y And 21
Burial	5-1-1	970 Ba	ltimore Ce			more,	Md
5A. DATE REC'D	1 1970 Cal	25B. NAME OF	REGISTRAR	25C FUNERAL D	lenkins &	Sons Co.	ADDRESS 212

BALTIMORE CITY HEALTH DEPARTMENT



			BALTIMORE CITY	HEALTH DEPARTMENT		FID 4=50
BIRTH NO.	70	4552	CERTIFICA	TE OF DEATH	REG. NO.	70 4552
I. NAME OF DE	CFASED					
19 0 1	TAMES, -	THOMAS		2. DATE	28/1970	
	LTIMORE MARYLAND, V		CED DEAD	14. USUAL RESIDENCE TW		8.30 P.M
	, , , , , , , , , , , , , , , , , , , ,	VIIERE TROMOGN	CLD DEAD	IIA. STATE & CO	UNIT	istitution: residence before admission
FULL NAME OF	ADDRESS OR LOC	AL OR INSTITUTE	ON, GIVE STREET	MARYLA	ND.	15/2
NOITUTITENI				C. CITY OR TOWN		IDE CITY LIMITS?
11.				BALTIMO		YES 🔀 NO 🗌
SINAL	HOSPITAL	OF	BALTIMORE	E. STREET AND NUMBER	-	
		-		3803	PUNAMOL	AVE. #15.
S. SEX	6. RACE	7- MARRIED WIDOWED	NEVER MARRIED M	8. DATE OF BIRTH	9. AGE (in years last birthdoy)	Il Under 1 Yr. if Under 24 Hrs. Months Doys Hours Min.
	UPATION (Give kind of wor	108 KIND OF BL	ISINESS OR INDUSTRY	11. BIRTHPLACE (State or le	oreign country)	12. CITIZEN OF WHAT COUNTRY
done during most ol Laborer	working life, even if retired)	Constru	ction			
		CONSTITU	CCION	Sumpter, S. C		U.S.A.
3. FATHER'S NA	3 PAI			14. MOTHER'S MAIDEN N	IAME	
Harry Hu	idson			Leona James	5	
5. Wos Deceosed	d Ever in U. S. Armed For	ces? 16	SOCIAL	17. INFORMANT		ADDRESS
	**	1.	SECURITY NO.	Fleming & Del	lanie F U	Manning, S. C.
Yes	Korean		8-40-0335		talize r. II.	
70	1114	303.2	CAUSE OF DEAT	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY		n	Λ	
(This does	not mean the mode of	duing on	(A) IMMEDIATE CAL		cal Merin	sitis 5 days
heori igilure.	ashenia, etc. Il means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:	Septicaem	
	mplication which caused			414	Sepirede	
	ANTECEDENT CAUSES		(a) Py	eumocaccal	Pueumou	ia S days.
DISEASES (OR CONDITIONS, II	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
tise to the	e abave cause (A) G CONDITION last	slating the	(-)			l l
ON DERCHINA	o combinion last		(c)			***************************************
OTHER SIGNIF	II FICANT CONDITIONS CO	A I T DI DI I TI I I C		A D	0 0	
= I IO THE DEAL	TH BUT NOT RELATED TO THE	HE TERMINAL	Ch	rogic Alc	oholism.	
19A DATE OF	ONDITION GIVEN IN PAR F OPERATION 198 CON	T 1 (A).	CH OPERATION	20A. AUTOPSY? (Yes or	N-V OOD IN N-O	***************************************
19A. DATE OF	WAS PERI	FORMED	CH OFEKATION	NO	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
1 21 A. ACCIDE	NT WAS UNDERLYING	7 210 91 4	CE OF INHURY (I			
OR CONTRIBL	JTING CAUSE OF	home, f	orm, foctory, street, of	or obout 21 C. WHERE DID	(If in Boltimor	City, give exoct location)
	medical examined	etc.)				
OF INJURY	(Month) (Doy) (Year)	(Haud) 21E IN.	JURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	
(APPROX.)		While A				
22 1	al . a /13 /al 2 1 . a. 1		At Work	1		
	that (1) (this haspital		leceased from	4 / 34	19 10 to 4	128 1970
1	last saw the decease		4/28			nian death occurred on the date
and hour and	d from the causes stat	ed abave. (1) (W	(e) (did) (did not) v	iew the bady after death	•	
23A. SIGNATU	JRE					23B, DATE SIGNED
	42	-	Oh.	nding Med.	Shaff Phys.	4/20/20
23C. PHYSICIA NAME (T	IN'3	3	DEGREE Phys	3D. ADDRESS	rhys. 423	1 -8/10.
		0 00			C 0 = 4	E BALTIMORE.
	NDREAS		TSAS		SPITAL 0	r sacrifica.
REMOVAL (MATION, 248. DATE Specify)	24C, NAME	of CEMETERY of CRE	MATORY 24D.	LOCATION (Cit	y, town, or county) (Stotel
Burial	5-3-1970	Presi	ovterian Chu	rch Cemetery	Summton	8 6
SA. DATE REC'D	BY HEALTH DEPT	258 NAME OF R	EGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
MAY]	19/U Vabe	E E Vaibe	SKD O	Charles R.		.son Ave.
			W 7 45	1 4 4 - 3 - 3 4		

LINET ISHET

STUAL TERM

RACTINEES X

STORE HILPITAL OF EASTIMORE SECT TOWARDS ALE WIL

1 + 85/11/3 ×

Previous Meningaline

And Septiments

Previous Colores

calaball mado

OM

22 A2/4

Q /

P # 7 5 A S

1AW 17 G.M.

TO CHITCHE BY WEIGHT IN

70 4/28 1

Baltimore National Cem.

25C. FUNERAL DIRECTOR

markles &

5501 Frederick Ave., Balto., Md.

6224 Eastern Ave.

Balto., 21224, Md.

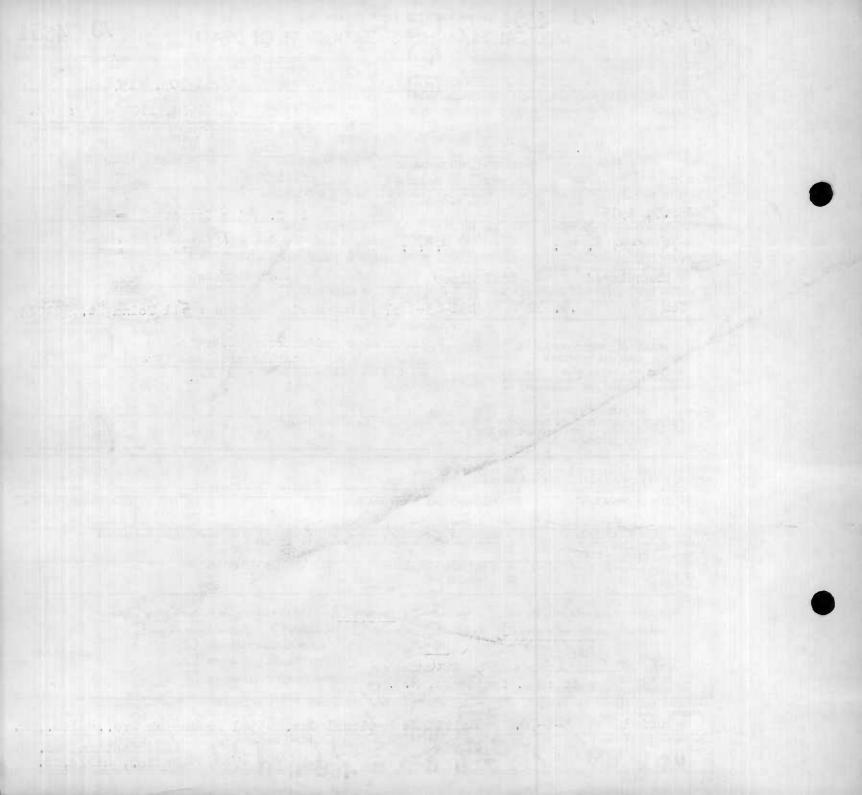
REMOVAL (Specify)
Burial

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPJ.

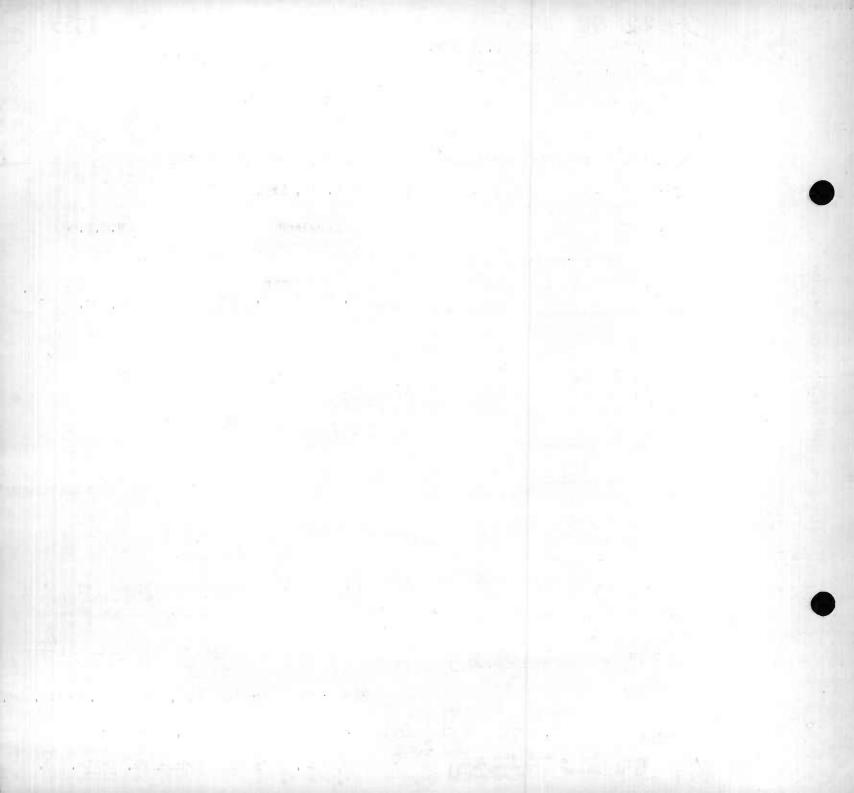
5-4-70.

25B. NAME OF REGISTRAR



FUNERAL DIRECTOR: IMPORTANT

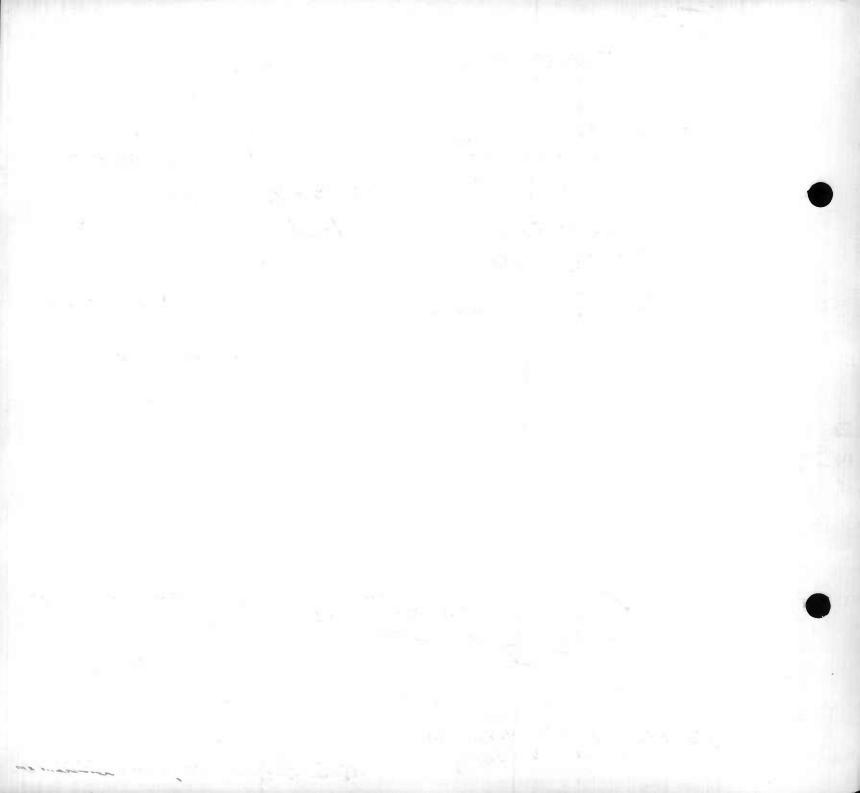
10-622 70 4555	BALTIMORE CITY			la. o
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	70 4555
TINAME OF DECEASED Annal H. E	0	4-28		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	NCED DEAD	4. USUAL RESIDENCE (When	e deceosed lived. If in	stitution: residence before admissi
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT ADDRESS OR LOCATION)	TON, GIVE STREET	C. CITY OR TOWN	D. INSI	IDE CITY LIMITS?
Habor View Nursing how		E. STREET AND NUMBER	, ,	YES NO NO
hight Street Ballimine,	Mo	2903 Huds	ion Street	
5. SEX 6. RACE 7. MARRIED WIDOWED WIDOWED			ost birthday)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF B done during most of working life, even if refired) Housewife	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAN	A E	
Harry Sprole			Ann Coste	
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service) No	6. SOCIAL SECURITY NO. 213-286815	Mr. William H.	Burkhouse H	118 Fairmount Dr. Belair, Md. 21014
rise to the above couse (A) sidling the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	(c) AS (CVD.		
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED	HICH OPERATION	20 A. AUTOPSY? (Yes or No.	208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
M I I		- 1/10		
O 121 A. ACCIDENT WAS UNDERLYING 1 21R.P.	LACE OF INJURY (e.g., in form, foctory, street, of	n or obout 21 C. WHERE DID	(If in Boltimor	e Cily, give exoct locotion)
OR CONTRIBUTING CAUSE OF home, etc.) OR CONTRIBUTING CAUSE OF home, etc.) OR CONTRIBUTING CAUSE OF home, etc.)	NJURY OCCURRED	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?		
O 21A. ACCIDENT WAS UNDERLYING 21B. P home, etc.) OR CONTRIBUTING CAUSE OF LOW etc.) OD 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. II	NJURY OCCURRED	21F. HOW DID INJURY	9 10 to	e City, give exect location)
OF INJURY (APPROX.) 218. P Accident Was underlying 218. P home, etc.) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. II While Work	NJURY OCCURRED At Not Whill At Work deceased from (We) (did) (did not) v	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	9 10 ta apl	e City, give exect location)
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21B. P home, etc) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. II While Work 22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I)	NJURY OCCURRED At Not While At Work e deceased from (We) (did) (did nat) v	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 and the liew the bady after death.	9 10 ta at in (my) (aur) api	e City, give exoct locotion) 19 10 10 10 10 10 10 10 10 10 10 10 10 10
OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21B. P home, etc.) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. II While Work 22. I certify that (I) this haspital) attended the that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	NJURY OCCURRED Al Not While Al Work e deceased from (We) (did) (did nat) v	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY 19 and the liew the bady after death. 23D. ADDRESS Harbor View Nur	y occur? 9 ota ot in (my) (aur) apl Shoff Phys Sing Home,	e City, give exoct locotion) Thul 28 19 14
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. P home, etc.] 21D. TIME (Month) (Doy) (Year) (Hour) 21E. While Work 22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an and haur and from the causes stated abave. (I) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	NJURY OCCURRED AI Not While At Work deceased from (We) (did) (did not) v Attempted	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19	y occur? 9 ota ot in (my) (aur) apl Shoff Phys Sing Home,	re City, give exect locotion) 1911 192 192 193 193 194 195 196 197 198 198 198 198 198 198 198



IMPORTANT

FUNERAL DIRECTOR:

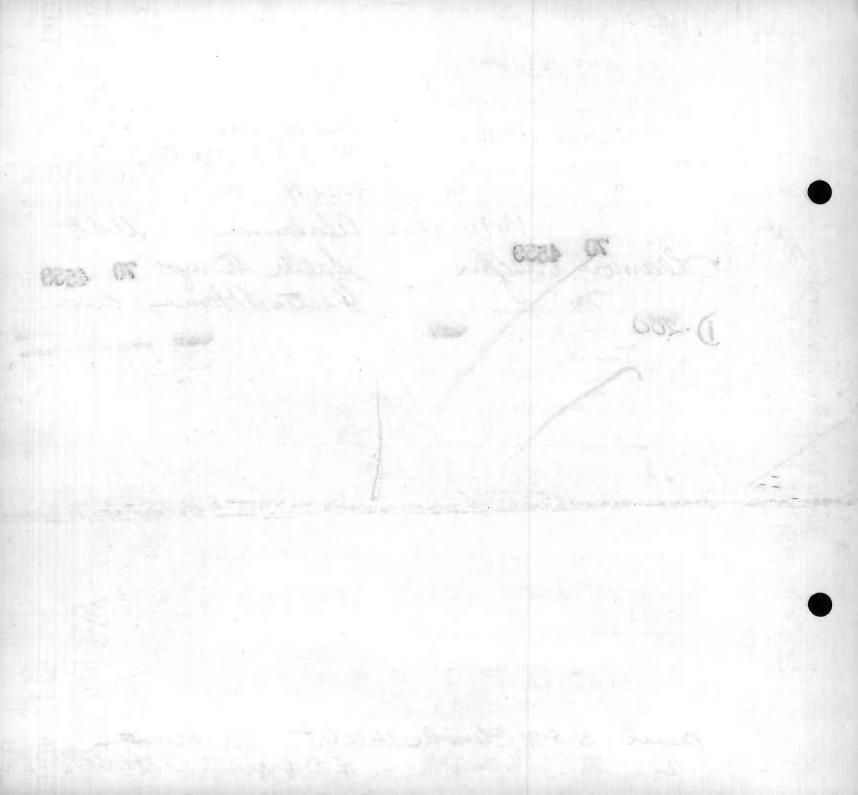
Rei	7-500 70 45	CERTIFICA	TE OF DEATH	REG. NO.	0 4556
1,	NAME OF DECEASED TOME	7 3 4 4 7		D HOUR OF DEATH	
-	PLACE IN BALTIMORE, MARYLAND, WHERE PR	DIVA P.	4 -	28 - 70	1/0,20 AM
FL	JLL NAME OF (IF NOT IN HOSPITAL OR III ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	A. STATE B. COUN C. CITY OR TOWN	BACTIME D. INSIDE CI	on: residence before admission RE1207 TY LIMITS?
	UNION MEMOS		E. STREET AND NUMBER	YES YES	NO 🗌
	17 TOSP1		2	2774 15	REET
F	EMALE WIDO		8. DATE OF BIRTH 06-28 - 90	9. AGE (In years If L Mon	Juder 1 Yr. If Under 24 Hrs. oths Doys Hours Min.
da	A. USUAL OCCUPATION (Give kind of work 10B, KIN the during most of working life, even if retired) RETIRE	D OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stole or forei	gn cauntry) 12.	CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME NOW OUN	'N	14. MOTHER'S MAIDEN NAM	AE WOW	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war ar dates of serv	ice) 16. SOCIAL SECURITY NO.	SAMUEL W. 7	- 113 W	ADDRESS V27thST
-	118.	CAUSE OF DEATH		one aro	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF BEAT	4	1 1	BETWEEN ONSET AND DEATH
	This does not mean the made of dying, heart failure, asthenia, etc. It means the disc injury or complication which caused death.)	e.g., DUE TO, OR AS A	SE ANTRACENEL CONSEQUENCE OF:	ra hemon	shage
	ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, if any, ginse to the above cause IA) stoling UNDERLYING CONDITION last.	me	A CONSEQUENCE OF:		***********************
	ONDERLING CONDITION lost	(C)			****
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAL			
CERTIFIC,	19A-DATE OF OPERATION 19E CONDITION F WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES O	IGS CONSIDERED OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, affi	or about 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If In Boltimore City,	give exact location)
MEDI	21D.TIME (Month) (Doyl (Yeoil (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work At Work	21.F. HOW DID INJU	JRY OCCUR?	
	22. I certify that (1) (this hospital) attend		9-28	70 to 64-	28 1970
	that (1) (we) last sow the deceased alive	an 04-28	- C		leath occurred on the date
	and have and from the causes stated abov	e. (1) (WE) (did) (did not) vi	ew the bady after death.		Transfer and the duty
	23A. SIGNATURE	Phue		taff X	PATE SIGNED
	23 C. PHYSICIAN'S NAME (Typel 7 P. M/K)	OF OREE	3D. ADDRESS	1H	
	REMOVAL (Specify)	C. NAME of CEMETERY OF CREATE OF CRE		CATION (City, town	n, ar countyl (Stotel
25 A		E OF AKONTRAR	25C EUNERAL DIRECTOR	9 -10	ADDRESS ADDRESS
VS	150-REV. 1/1/68		paris con	moweth x 30	- S Constany Ne



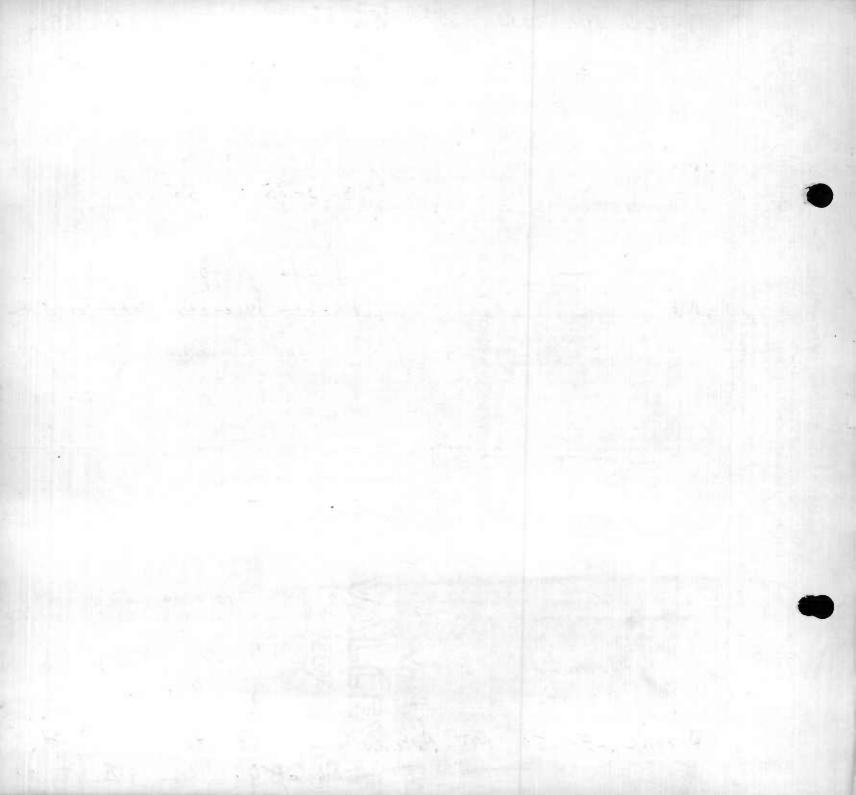
	70 4557 CERTIFICATE OF DEATH PEG NO 70 4557
and eath ased the Such	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 10 4557
Deceased e on the 1th. Such	I.NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
	ROGER FAULKNER 4-27-70 1900.
ı	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, Il institution: residence before admission) A. STATE B. COUNTY
ı	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION CIVE STREET
I	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS?
	BALTION OF WILLIAM
	UNION MEMORIAL HOSPITAL E. STREET AND NUMBER
	2632 MILES AVE.
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months; Doys; Hours; Min. Min. Months; Doys; Hours; Min.
	WIDOWED DIVORCED 1 1 - 14 - 34 2 =
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
ı	ARBOREE CONSTRUCTION WORTH CAROLINA U.S.A.
ŀ	13. FATHER'S NAME
I	Nac Zanie
-	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
((Tes, no grupknown) (If yes, give wor or dates of service) SECURITY NO.
	No - Lois FAULKHER 2632 MILES B
	APPROXIMATE INTERVAL
	LISEASE OF CONDITION DIRECTLY
	(This does not mean the mode of dying, e.g., heart laiture, asthenia, etc. It means the disease,
l	heart larture, asthenia, etc. It means the disease, injury or complication which caused death.)
l	ANTECEDENT CAUSES
ı	DISEASES OR CONDITIONS, il any, giving (B) Chora alabation DUE TO, OR AS A CONSEQUENCE OF:
ı	nise to the above cause IA) stating the
l	UNDERLYING CONDITION last. (c) Live importion
ı	Z OVUSA SIGNUSIA AND AND AND AND AND AND AND AND AND AN
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OP OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING TO THE PLACE OF INTURY (S. E. D. S. ANTICLE CONTRIBUTION) 21A. ACCIDENT WAS UNDERLYING TO THE PLACE OF INTURY (S. E. D. S. ANTICLE CONTRIBUTION) 21A. ACCIDENT WAS UNDERLYING TO THE PLACE OF INTURY (S. E. D. S. ANTICLE CONTRIBUTION) 21A. ACCIDENT WAS UNDERLYING TO THE PLACE OF INTURY (S. E. D. S. ANTICLE CONTRIBUTION) 21A. ACCIDENT WAS UNDERLYING TO THE PLACE OF INTURY (S. E. D. S. ANTICLE CONTRIBUTION) 21A. ACCIDENT WAS UNDERLYING TO THE PLACE OF INTURY (S. E. D. S. ANTICLE CONTRIBUTION) 21A. ACCIDENT WAS UNDERLYING TO THE PLACE OF INTURY (S. E. D. S. ANTICLE CONTRIBUTION) 21A. ACCIDENT WAS UNDERLYING TO THE PLACE OF INTURY (S. E. D. S. ANTICLE CONTRIBUTION) 21A. ACCIDENT WAS UNDERLYING TO THE PLACE OF INTURY (S. E. D. S. ANTICLE CONTRIBUTION) 21A. ACCIDENT WAS UNDERLYING TO THE PLACE OF INTURY (S. E. D. S. ANTICLE CONTRIBUTION) 21A. ACCIDENT WAS UNDERLYING TO THE PLACE OF INTURY (S. E. D. S. ANTICLE CONTRIBUTION) 21A. ACCIDENT WAS UNDERLYING TO THE PLACE OF INTURY (S. E. D. S. ANTICLE CONTRIBUTION) 21A. ACCIDENT WAS UNDERLYING TO THE PLACE OF INTURY (S. E. D. S. ANTICLE CONTRIBUTION) 21A. ACCIDENT WAS UNDERLYING TO THE PLACE OF INTURY (S. E. D. S. ANTICLE CONTRIBUTION) 21A. ACCIDENT WAS UNDERLYING TO THE PLACE OF INTURY (S. E. D. S. ANTICLE CONTRIBUTION) 21A. ACCIDENT WAS UNDERLYING TO THE PLACE OF INTURY (S. E. D. S. ANTICLE CONTRIBUTION) 21A. ACCIDENT WAS UNDERLYING TO THE PLACE OF INTURY (S. E. D. S. ANTICLE CONTRIBUTION) 21A. ACCIDENT WAS UNDERLYING TO THE PLACE OF INTURY (S. E. D. S. ANTICLE CONTRIBUTION) 21A. ACCIDENT WAS UNDERLYING TO THE PLACE OF INTURY (S. E. D. S. ANTICLE CONTRIBUTION) 21A. ACCIDENT WAS UNDERLYING TO THE PLACE OF INTURY (S. E. D. S. ANTICLE CONTRIBUTION) 21A. ACCIDENT WAS UND
	V DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OP OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IP YES, WERE FINDINGS CONSIDERED
	174 CALAUTOPSY? (Yes of No.) 204. AUTOPSY? (Yes of No.) 205. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTERNITING CALLES OF IT OF THE CONTENT OF THE
	DEATH (notify medical examined etc.)
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INTILED OCCUPAND 21E HOW DIS INTILED
	22. I certify that (I) (this hospital) ottended the deceased from 12-39 1969 to 2-16 1970
	that (1) (49) last saw the deceosed olive on 3-16 19 TO and that In(my) (00) aplnion death occurred on the date
	and haur and from the causes stated abave. (1) (We) (did) (did not) view the body after death.
	23A. SIGNATURE 23B. DATE SIGNED
	Altending Med. Staff Phys. Director Phys. 127 /20
	23 C. PHYSICIAN'S NAME (Typel 23 D. ADDRESS
	TETSUD TAGATIAN The Union Henry & House
45.4	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OI CEMETERY OF CREMATORY 24D. LOCATION (City, town, or country) (Stotel
1	7 1 1/20/70 5
A CO	25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C/FUNERAL DIRECTOR ADDRESS.
1	MAVI 1071 P.C. A.C. J. J. C. J. LOCAL RAVENIR
	15 150-REV. 1/1/68 BALTO, 21204

SHT GOW DRINGHOW BLAD FERR MILLES AVE 11-14-34 35 AVELOUS WESTER 01 NE - FI A1 - 10 Sant N. Jon Brille

11/	050 70 4558	BALTIMORE CITY	HEALTH DEPARTMENT		70 4558
V	-250 70 4558	CERTIFICA	TE OF DEATH	REG. NO	4000
	H NO.	CERTITION			
	AME OF DECEASED	111	2. DATE AN	ID HOUR OF DEATH	
		HN	Us usual assistance (Wh	- 29-70	11:10/4 M.
3, P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE 8. COUN		stitution: residence before admission)
FUI	L NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET			15.38
HO	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
1		p	Baltimore,	Md	YES NO
,	Lutheran Hos	/ •	E. STREET AND NUMBER		
14	6		3306-NIH	ILTON, ST	
5. S	EX 6. RACE 7. MARK	HED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 Hrs.
1	1 C WIDON		9 211.19	last birthday)	Manths Days Hours Min.
IOA	USUAL OCCUPATION (Give kind of work 10B, KINI		11. BIRTHPLACE (Stote or fore		12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)		111	· g • • • • · · · · · · · · · · · · · · ·	1. 1.1
	100	Th. SteeL	Makun	ce	11.5/1
13. [ATHER'S NAME	4	14. MOTHER'S MAIDEN NA	ME AA	
-	Por no louge	11.	La Mi	18	
15. 1	Vas Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	sungs	ADDRESS
(Yes	,no ar unknown) (If yes, give war ar dotes at servi	ce) SECURITY NO.		1,1	2 1
	m		6 leter of	tome	ala
	18. 4-7/.01	CAUSE OF DEATI	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	Rose 1		1	BEI WEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	of loople	spell Van	uls.
	(This does not mean the made of dying,	e.g., DUE TO, OR AS	ACONSEQUENCE OF:	1	
	heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	ase,			
	ANTECEDENT CAUSES			/	
		(8) DUE TO, OR AS	A CONSEQUENCE OF:		
	DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating	7 1	A CONSEQUENCE OF:	.0,0	
	UNDERLYING CONDITION last.	(c) Colum	nie alor	vum	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL			
	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	INDINGS CONSIDERED
RTII	WAS PERFORMED			IN CERTIFIING CAU	ISES OF DEATH?
	21 A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	n or obaut 21 C. WHERE DID	(If In Baltimore	City, give exoct location)
AL	OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	hame, farm, factory, street, of etc.)	nce blag., INJURY OCCUR?		
2	21 D. TIME (Manth) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	Hay Occurs	
ME	OF INJURY	While At Not While		OKI OCCOR:	
-	(APPROX.)	Work At Work			
	22. I certify that (I) (this haspital) attend	ed the deceased from	4-27	19 70 to Y-	-29 1970
	that (I) (we) last saw the deceased alive	11 00			ian death accurred an the date
				lat in(my) (aut) apin	non death accurred an the date
1	and haur and fram the causes stated abav	e. (1) (We) (did) (did nat) v	iew the bady after death.		
	23A. SIGN ATURE	0,10			23B. DATE SIGNED
	Illatote & same	and I ded I show	nding Med. Director	Staff Phys.	
	23C. PHYSICIAN'S NAME (Type)	(degree Tily	23 D. ADDRESS		1
}	1 1	ON P WD	220 Mellington	- SA B 1	111 71716
2	VIOLETTA K GAMA	REA GEGREE	180 MAYING ILL	A Hal	144 4 4
24A	BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specily)	GNAME of CEMETERY of CRE	MATORY 24D. L	OCATION (City	y, town, ar county) (State)
1	Burual 5-5-70	Kenintes 12	Pl Cat	11 la lane	a Re
25 A	DATE REC'D BY HEALTH DEPT 258 NA	ME OF REDISTRAR	25C. FUNERAL DIRECTO	Julian Maria	ADDRESS
	MAY 1 1977 Table & &	36 500 APP	F 17). (1) 1 A.F	M 1000 RA	EANTLEY AVE
V/5 .	50-REV, 1/1/6B		12 2 W 1450	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7
	DUMBEY I/1/AR				



BALTIMORE CITY HEALTH DEPARTMENT

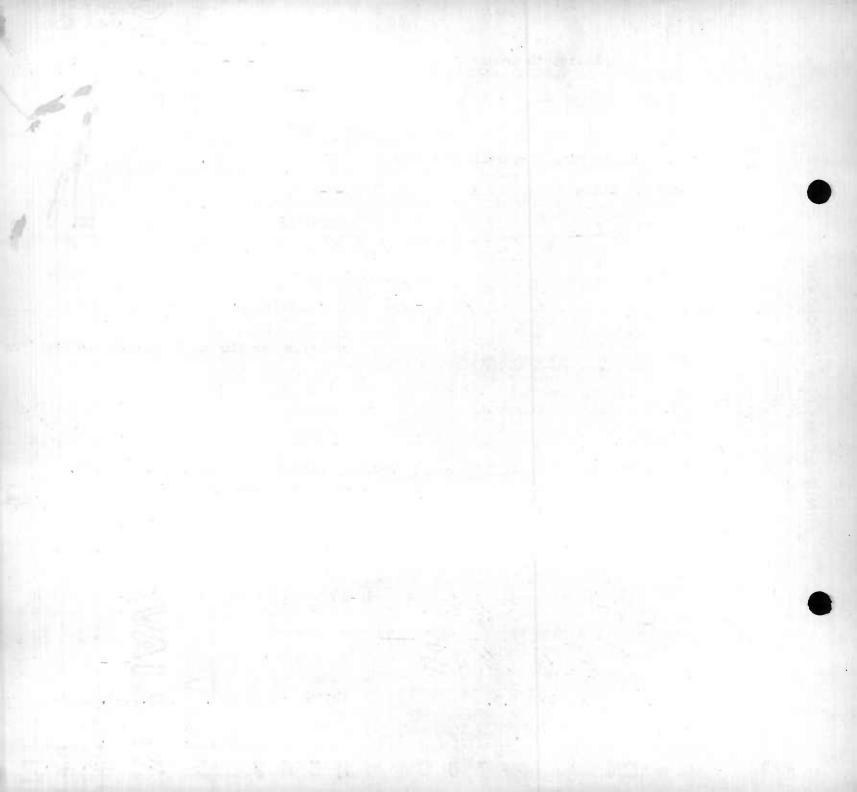


FUNERAL DIRECTOR: IMPORTANT

1/ -	111	part of the	0.0	BALTIMORE CITY	HEALTH DEPARTMENT		700
RTH	6/6 No.	70	4560	CERTIFICA	TE OF DEATH	REG. NO	70 4560
	or Print)	ASED	Luc	ille A	2. DATE	AND HOUR OF DEATH	7 25 PN
3. PL/		MORE MARYLAND,	WHERE PRONO	UNCED DEAD		Where deceased lived. If in	nstitution: residence before admission)
HOSPI	NAME OF ITAL OR IUTION	(IF NOT IN HOSPI ADDRESS OR LOC	ATION)	UTION, GIVE STREET	MARYLAND C. CITY OR TOWN BALT I MORE E. STREET AND NUMBER	BALTIM D. INS	ORE CITY 2706 IDE CITY LIMITS? YES X NO
3	3					NNE AVENUE	
. SEX	1	6. RACE	7	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If linder 1 Yr. If linder 24 Hrs
F	EMALE	WHITE	WIDOWED	DIVORCED	8-5-38	lost birthdoyl	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
		PATION (Give kind of wor orking life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
one o	Housev				Mary	rland	USA
3. FA	THER'S NAM				14. MOTHER'S MAIDEN I		
	CA	RMEL LIBE	RCCI		JEAN 39	bookappdass S.	tanawicz
5. We	s Deceased	ver in U. S. Armed Fo	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	, , co, g. ve wer er ee.		212-36-0375	Mr. Joseph A	. Varvaro	(Same)
CERTIFICATION 61 61 61 61 61 61 61 61 61 6	ISEASES OF SEE O	WAS PE	ony, giving slaling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR MED	(c) PHED WHICH OPERATION HEART 11/5. PLACE OF INJURY (e.g., in the, form, factory, street, of	A CONSEQUENCE OF: A CONSEQUENCE OF: A LIVE STATE OF THE	No) 208. IF YES, WERE IN CERTIFYING CA	2 HR 2 G YRS FINDINGS CONSIDERED USES OF DEATH? re City, give exact location)
불이	D. TIME F INJURY	(Month) (Day) (Year)	Wh	ile At Not While		INJURY OCCUR?	
20	1 - 11 -	L = 4 (1) (al. t = 1 = = -t = -	Wo		14-19	1970 to 4	.29 10.75
		hat (I) (this haspita ast saw the deceas			19 <i>72</i> and		nlan death accurred an the date
			ited abave. (I	l) (We) (did) (dld nat) v	iew the bady after deat	th.	
23.	A. SIGNATUR	E	(/	- mo			23B, DATE SIGNED
	0/0	dd J.	Heari	DEGREE Phys		Staff Phys.	4-29-70
-		rs /			23D. ADDRESS		
23	NAME (Ty		CDANIT		7117 1011	OLUL MADELL DIS	HOCDITAL
	NAME (Ty	TODD T.	GRANT	DEGREE	THE JOHI		HOSPITAL
4A. 8	NAME (Ty	TODD T.	24C. N	AME OF CEMETERY OF CRE	MATORY 24D		HOSPITAL ity, town, or county) (Stotel

TOTAL FASTER OF THE PASTS Later to design the second of List victor and deal in recent to the state.

N-671	70	4561	BALTIMORE CITY			REG. NO.	'75) AE	04
BIRTH NO.			CERTIFICA	IE OF				40	31
1. NAME OF DE (Type or Print)	Elizabet	W. h Krouse				ND HOUR OF DEATH		3:15	P M
3. PLACE IN BA	LTIMORE, MARYLAND, W		UNCED DEAD	4. USUAL A. STATE Mary	B. COU	ere deceased lived. If NTY	institution; resi	dence before	odmission)
HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	ATION)	JHON, GVE STREET	c. CITY OR Balti	more	D. IN	SIDE CITY LIM	ΠS?	
Bolton H	ill Nursing &	Convale	scent Center		Round H:	Ill Rd.			
5. SEX	6. RACE	7. MARRIED		B. DATE OF		9. AGE (In years	If Under 1	Yr. , If Und	er 24 Hrs.
Female	White	WIDOWED		5-6-	1880	lost birthday	Months D	oys Haurs	Min.
	CUPATION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPL	A CE (State or for	reign country)	12. CITIZEI	N OF WHAT	COUNTRY
	f working life, even if retired) SOWLIO			Mar	ylandi			USA	
13. FATHER'S NA	AME			14. MOTHE	R'S MAIDEN NA	ME		177	
	? WI	nitman				Unknow	n		
Yes, na or unknow	d Ever in U. S. Armed For (If yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORM			A	DDRESS	
No			216-52-5987	Mrs.	Jayne	F. Howell	(Same)	
UN DERLYIN OTHER SIGN TO THE DEA DISEASE OR	OR CONDITIONS, if the above cause (A) IG CONDITION last. II IFICANT CONDITIONS CONTITUE OF THE CONDITIONS CONDITIONS CONDITIONS CONDITIONS GIVEN IN PAR	Stating The NTRIBUTING HE TERMINAL T 1 (A).		al pro			2	yrs.	
19A. DATE C	of OPERATION 198. CON WAS PERI		WHICH OPERATION		ropsy? (Yes or N	IN CERTIFYING CA	FINDINGS C AUSES OF DE	ONSIDERED ATH?	
OR CONTRI	ENT WAS UNDERLYING DUTING CAUSE OF fy medical examiner	21 B. hom etc.)	PLACE OF INJURY (e.g., in e, farm, factory, street, of	fice bldg., IN	C. WHERE DID JURY OCCUR?	(If in Boltimo	are City, give e	exoct location)	
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED Ile At		F. HOW DID IN	JURY OCCUR?			
that (1) (we	y that (埃(this haspital e) last saw the decease and from the causes stat	d alive an	4-29-	19 7		.1968ta hat in(my) (aur) op	4-29- vinian death	accurred an	70 the date
23C. PHYSICI	T Elle	vorth	Phys	nding 23D. ADDRES	Med. Director	Staff Phys.	4-39-		
NAME (ELLSWORTH COO	KMD		21,27	Marylan	d Ave. Reld	to., Md.	27278	
	EMATION. 248. DATE (Specify)	24C. NA	DEGREE AME of CEMETERY OF CRE aney Valley		24D.		City, town, or	county)	(Stote)
MAY 4	BY HEALTH DEPT.	258 NAME O		25C. FU	NERAL DIRECTO	Ruck, Inc		ADDRESS	•

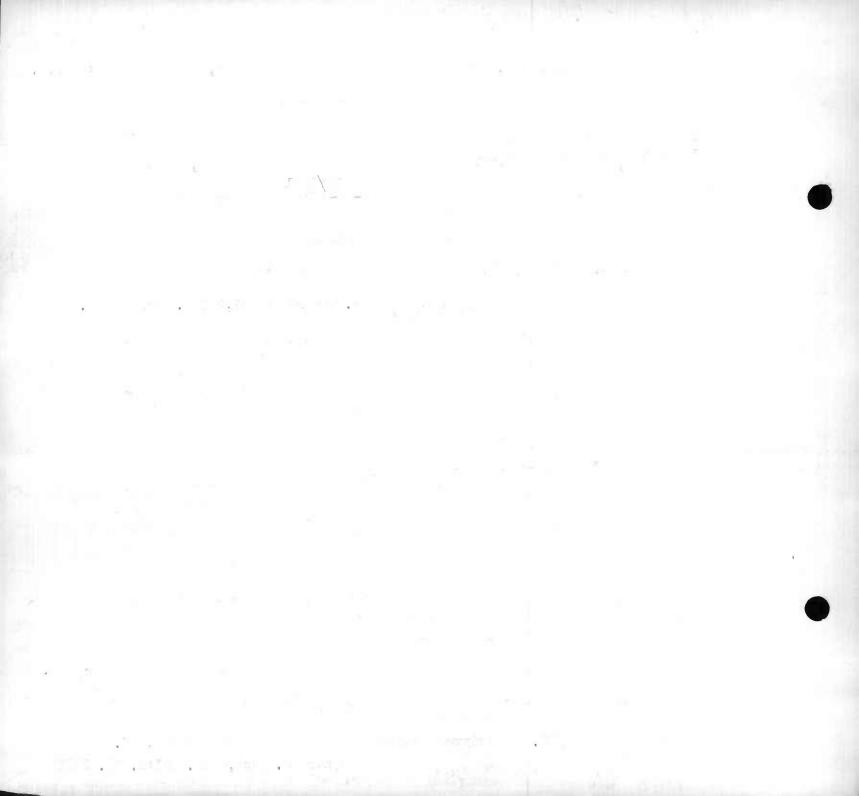


IMPORTANT

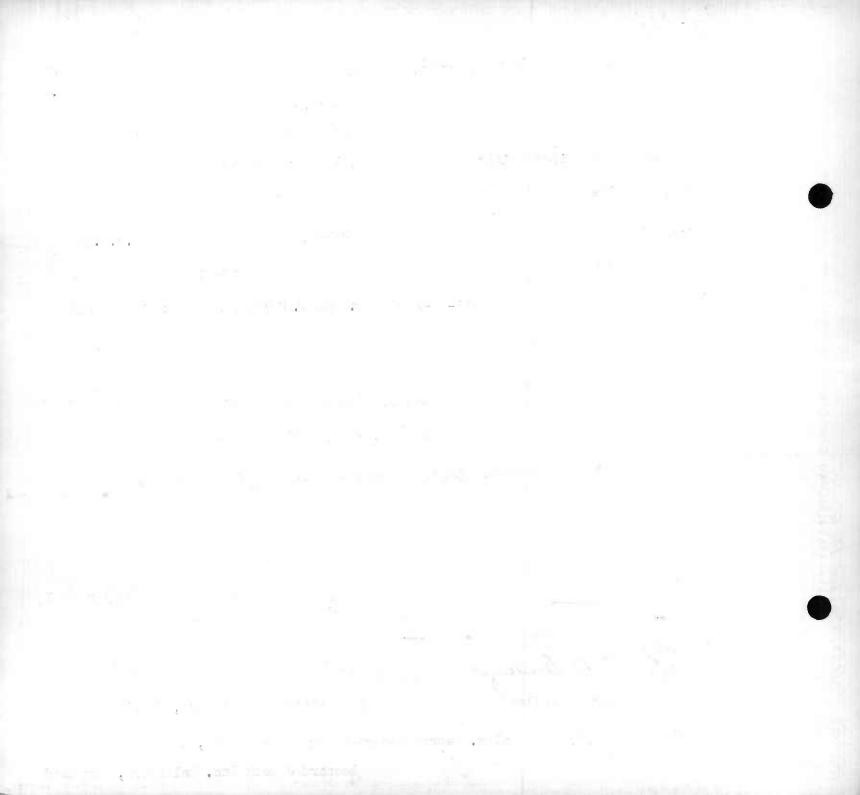
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



5.310	4 70	4563		HEALTH DEPARTMENT	b	10 4502
BIRTH NO.	/	1000	CERTIFICA	TE OF DEATH	REG. NO.	0 4565
1. NAME OF DEC	MINNIE	X8888	8888888 Sti	fler 2 DATE AND HOL	P DEATH	845
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where dece	sed lived. If institution	residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	Maryland c, CITY OR TOWN	D. INSIDE CITY	2735
90				Baltimore	YES	
House	e In The Pine	a Dallad		E. STREET AND NUMBER		
5. SEX	6. RACE			3119 Woodhome Ave		
Female	White	WIDOWED		MARCH 17 1890. last bir	80	der 1 Yr. If Under 24 Hrs. B Doys Hours Min.
done during most of	UPATION (Give kind of worl working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign cour	ntryl 12. CI	TIZEN OF WHAT COUNTRY
Housew				Poland	111	S.A.
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN NAME	. 1	0
	Unknown			Unka	lown	
5. Was Deceased Yes no or unknown	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			217-48-2885	Mr. John J. Pratt 18	28 Willann	Rd 21237
18.	1,3425	0.9	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY		16+01	50	
(This does	not mean the made at	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	Collen	Jan,
Injury or can	asthenia, etc. It means	the disease, death.)	01	C 2		1,
	ANTECEDENT CAUSES		. Chroni	Count Hunt of	26	1/2 honther
DISEASES C	OR CONDITIONS, il	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise la lh	e abave cause (A) G CONDITION last	stating the	10 Chiteria	mbus to Hun Dun		
	11		(0)22	inimate in the Control bearing the Control of the C	************	
OTHER SIGNIF	FICANT CONDITIONS CO	NTRIBUTING	Dileter in	112 6 . 01		
U TOA DATE OF	ONDITION GIVEN IN PAR	T 1 (A).		com command our	it - melostron	
	OPERATION 198 CON WAS PERI	FORMED	VHICH OPERATION	20A-AUTOPSY? (Yes or No) 20B, IN C	IF YES, WERE FINDING ERTIFYING CAUSES OF	S CONSIDERED DEATH?
OR CONTRIBLE DEATH (natify	NT WAS UNDERLYINO TITLE CAUSE OF medical examines	21 B. ham etc.)	e, farm, factory, street, at	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(ii In Boltimore City, g	ive exoct locotion)
OF INJURY	(Manth) (Doy) (Yearl		INJURY OCCURRED	21F. HOW DID INJURY OF	CUR?	
(APPROX.)		Whi	le At Not While	· 🗆 📗		/
22. I certify	that (1) (this hospital) attended th	ne deceased from	1 4/4/ 19/2	to	1/28/ 19/3
that (1) ()	last saw the decease	d alive an	4/28	1975 and that In (n	ny) (cor) opinion de	ath accurred an the date
and haur and	d from the causes stat	ed abave. (I)	(did) (did not) v	lew the bady after death.	•	
23A. SIGNATU	1 - h 1	5 .				ATE SIGNED
/ W	no DO	nolling	DEGREE Phys	nding Med. Staff Phys.	1 4/	128/10
23C. PHYSICIA NAME (T	Albert B Bra	dia		23D. ADDRESS		
24A, RUPIAL COS	MATION, 24B, DATE	ител	DEGREE	4900 Belair Rd Bal		
Burial	Specify) 5/1/70		co. Hebrew Con		ore, Marylan	·
MAY 4	BY HEALTH DEPT.	258. NAMS O		25C. FUNERAL DIRECTOR JOONARD J Back II		ADDRESS
/S 150-REV. 1/1/	68					, , , , , , , , , , , , , , , , , , , ,

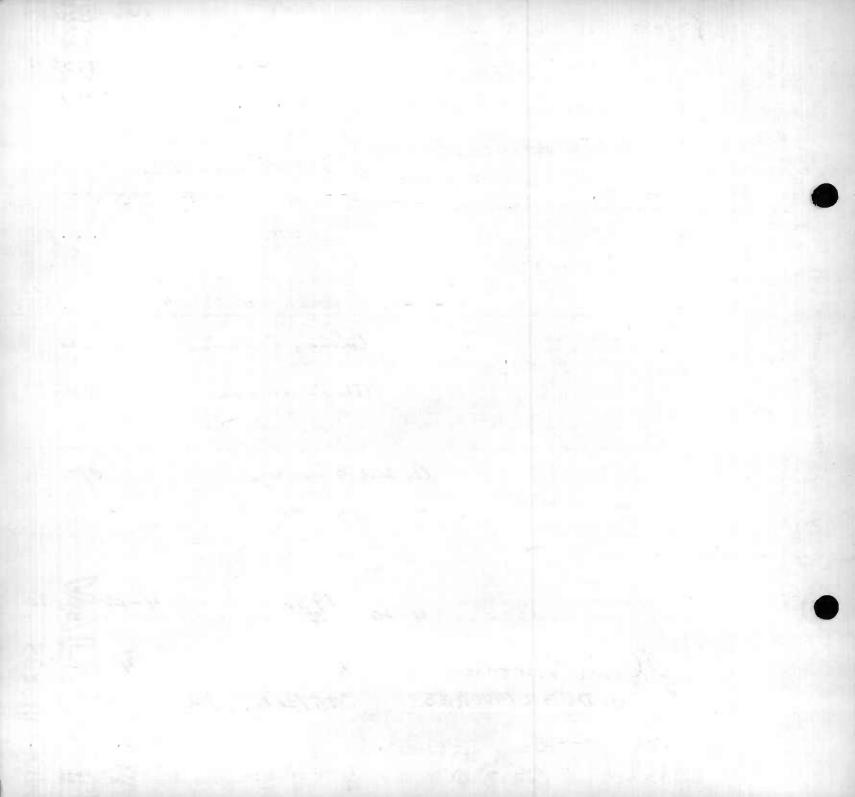


7-460	BALTIMORE CITY	HEALTH DEPARTMENT		P/O
BIRTH NO. 45	64 CERTIFICA	TE OF DEATH	REG. NO	70 4564
1. NAME OF DECEASED (Type or Print) TAYLOR, ELI	ZABETH A.		D HOUR OF DEATH	10:25 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE P		4. USUAL RESIDENCE (Whe	re deceased lived. If i	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION)		A. STATE B. COUN		SIDE CITY LIMITS?
HOUSE IN THE PINE	S, BELVEDERE	E. STREET AND NUMBER		YES NO .
90		5501 Ken	Avenu	u
PEMALE WHITE WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	5-17-1897	e. AOE (in years last birthdey)	If Under 1 Yr. If Under 24 Hrs. Menths Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 108, KIP done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
Home maker	Home	New Yo	rek	U-PA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	WE	
Julius Belz		Cenn	- 3	
5. Was Deceased Ever in U. S. Armed Ferces? Yes, na or unknown) (If yes, give war er dates of ser	ricel SECURITY NO.	17. INFORMANT		ADDRESS
	07701780713	Slair Mus	us Ja	ne az 4
18. 437. 91	CAUSE OF DEATH	1		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ACUTE	11.0	BETWEEN ONSET AND DEATH
(This does not meen the mode of dying	(A) IMMEDIATE CAU)E	VA	INSTANTLY
heert feilure, esthenia, etc. It meens the dis injury ar camplication which caused death.)	ease,	CONSEQUENCE OF:		
ANTECEDENT CAUSES	APTERIA	SCIEROTIC CE	ERRO VASCUL	AR YEARS
DISEASES OR CONDITIONS, if any, g	iving (B) DUE IO. OR AS	SCLEROTIC CEN	D/	SEASE YEARS
rise le the ebove cause (A) sleling UNDERLYING CONDITION last.		10US CVA!		IVESR
ONDERETING CONDITION last.	(c)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL		*********************	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OP OPERATION 198. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING [7]	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in heme, Jerm, Jectery, street, elf-etc.)	or about 21 C. WHERE DID ce bidg. INJURY OCCUR?	(It in Baltimer	e City, give exoct lacation)
21D.TIME (Menth) (Day) (Year) (Heur)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX)	While At Not While At Werk			
22. I certify that (I) (this hospital) attend	THEIR AT THEIR		9 69 to APR	1/4 29 10 20
that (1) (a) last saw the deceased alive	4.0	-		.,
and haur and fram the causes stated above	OII	und ind	in (my) (mag apli	nian death accurred an the date
23A. SIGNATURE	or (1) (min) (min) VI	ow the bady after death.		238, DATE SIGNED
BR Head	at Med Atten	ding Med.	Staff	430/00
23C. PHYSICIAN'S NAME (Type) BERNARD R. S.		D. ADDRESS	14516475	AVE-BALTO
	GEGREE C. NAME of CEMETERY OF CREA			21215
Signal (Specify) 5-4-70	1.0		CATION (CI	y, tawn, ar county) (State)
5A. DATE REC'D BY HEALTH PAPT. 258, 64	MO OF REGISTRAR	emetery 40	ungsort	le Venne
MAY 4 SID Table E. Ja	Den 182	AME THE OR	23 -	- LOST YERICH
'S 150-REV. 1/1/68		The state of the	1100hs 10	woon

in The State of March 18 and 1



11			BALTIMORE CITY	HEALTH DEPARTMENT		131 /	1566
X 2/4	5 70 4	1566	CERTIFICA	TE OF DEATH	REG. NO	- 4	1000
NAME OF DEC	CEASED			2. DATE AN	D HOUR OF DEATH		
Type or Print)	Anna	Kasper		4-2	8-1970	1/	0150 A.N
. PLACE IN BAI	LTIMORE, MARYLAND, W		JNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residen	ce before admission)
			.7.0 011/2 67077	Balto. M		0	21
FULL NAME OF	ADDRESS OR LOCA	ATION)	JTION, GIVE STREET	C. CITY OR TOWN		DE CITY LIMITS?	2
NOITUTITZN				Baltimore	0. 11431	YES	NO 🗆
	2237 Kontua	less Assessed	07070	E. STREET AND NUMBER		152 [24	140
00	2231 Kentuc	ky Avent	ie 21213	2227 Kambura			
. SEX	6. RACE	7. 44 4 PRIES [The second secon	8. DATE OF BIRTH	Avenue 2]2] 9. AGE (In years	If Under 1 Yr.	. If Under 24 Hrs.
Femal		WIDOWED	NEVER MARRIED DIVORCED	9-8-1897	lost birthdoyl	Months Doys	
-				11. BIRTHPLACE (Stote or forei	72	12 CITIZEN C	OF WHAT COUNTRY
	working life, even if retired)	TO S. KINY D	JOSHNESS ON HUDOSINI	17	gii coomiy,		
Store		Se:	lfemployed	Germany		U	.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NAM	ΛE		
	Henry	Mell			Fliese	Gishler	
5. Was Deceased	d Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT	TTTCDE		DRESS
res, no or unknown	(If yes, give wor or dote	es of service)	SECURITY NO.		0007 V		
No			218- 32-3313	B Andrew Kaspe	r 2231 Menti	icky Avei	nue 21213
1B.	1.91		CAUSE OF DEAT	H			ROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY		Cura Da	Lu s		1 da
	LEADING TO DEATH		(A) IMMEDIATE CAL	Coronary Oce	- Million		7 5-50
	not mean the mode of , asthenia, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:			
	mplication which caused		4	ATI ,			11
	ANTECEDENT CAUSES		6	Whero roles	7-74-2		10 gus -
DISEASES	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
rise to th	e abave cause (A)			-			
UNDERLYIN	G CONDITION last.		(c)				
	11						
	FICANT CONDITIONS CO.		Carefu	al Hemorrage		6	6 gu
DISEASE OR	CONDITION GIVEN IN PAR	RT 1 (A).			X		
19A. DATE O	F OPERATION 198 CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	USES OF DEATH	SIDERED H?
			manufacture,	Tha			
OR CONTRIB	UTING CAUSE OF	21 B. hom etc.)	e, form, foctory, street, of	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Soltimor	e City, give exac	ct lacation)
2		200					
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
(APPROX.)	_	Whi	ile At Not While	e 🔲			
22 Leastify	that (1) (this basnita	I) attended ti	he deceased fram	107/	19ta	11-20	1070
			11 2	de class			
4.11) last saw the decease			19 70 and th	at in (my) (aur) api	nidh death ac	curred an the dat
		ted abave. (I) (We) (did) (did nat) v	view the bady after death.			
23A. SIGNATI	! / \			11.00		23B, DATE SIG	NED
9	To Leaven Of	noor	DEGREE Phy	ending Med. Director	Staff Phys.	4-2	4-12
23C. PHYSICI	ANS	V	DEGREE	23D. ADDRESS			
NAME (Winer of DVB	RMO	ORES	3105 1301	in he	-21	1213
4A. BURIAL CRI			DEGREE	EMATORY 240 14	OCATION (C)	ly, town, or cou	inty) (Stote)
REMOVAL	(Specify)			1 · p			
Buria	1 5-1-19	70 M	oreland Park	В	altimore	Balto.	Md.
SA. DATE REC'E	BY HEALTH DEPT.	25 PHAINE C	OF SECUSTRAR	25C. FUNERAL DIRECTOR			DDRESS
TAX T	1970 Page 8		0000	Lassehn-Funer	27 Home 740	l Belair	Road 2123
		1 1		- Addition	TT TIUTHE		



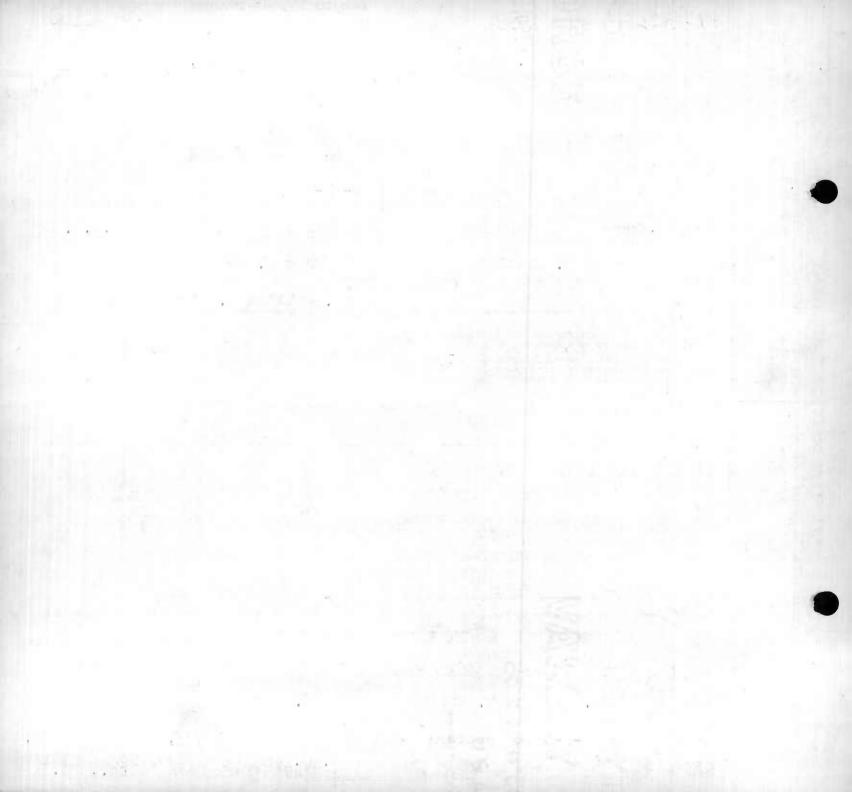
150-REV. 1/1/68



1	D-300 70		HEALTH DEPARTMENT	REG. NO.	70 4568
		568 CERTIFICA	TE OF DEATH	KEO. 110	10
	on Print White, (3)	12abeth	2. DATE AND H	29, 1970	1/30 0
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCEO DEAD	4. USUAL RESIDENCE (Where de-	ceased lived. If institution	m residence before admission
FU HO INS	LL NAME OF SPITAL OR ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	MARYLAND DALT C. CITY OR TOWN	D. INSIDE CIT	2643
	MARYLAND GENERI	DL HOSPITAL	BACTINDAL E. STREET AND NUMBER	YES	
L	4-8		4030 ROYMAN	'N see	
5. S	P II	ARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH 9. A. 1 (10st)	GE (In years II U Mon	Inder 1 Yr. Il Under 24 Hrs. Hours Min.
10A	USUAL OCCUPATION (Give kind of work 108,	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or loseign co		CITIZEN OF WHAT COUNTRY?
uone	Telophone Operator	C. EP. Co.	MONYLAND		U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	William W. Bealer		Bessie She	rvette	
15. V	Ves Deceased Ever in U. S. Armed Forces? ,no or unknown) (II yes, give wor or dates of :	Service) 16. SOCIAL SECURITY NO.	17. INFORMANT		AODRESS
	no No	212-05-1953	Chart		
	18.0 3 9 9 1	CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECT	.γ			SETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE CMPIA	c arrest	
	1This does not mean the mode of dyin heart failure, asthenia, etc. It means the	G. C.C.	A CONSEQUENCE OF:		***
	injury or complication which caused deat	1.)			
	ANTECEDENT CAUSES	(6)	Lepati	tis	10 days
	DISEASES OR CONDITIONS, II any,	giving DUE TO, OR AS	A CONSEQUENCE OF:	***********************	
	rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	ing into	sepsis		
	The state of the s	(C)			
NOI	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TER	UTING INTRAL	PASCULAR CLO72	7/11/2	
CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A),			***************************************
E	19A. OATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B	IF YES, WERE FINDIN CERTIFYING CAUSES O	GS CONSIDERED OF DEATH?
- 14	21 A. ACCIDENT WAS UNDERLYING DO CONTRIBUTING CAUSE OF DEATH (notily medical examines)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, oli etc.)	i of about 21 C. WHERE OFO	(if to Boltimore City,	give exact location]
5					
3	21 D. TIME (Month) (Doy) (Yeor) (Hot DF INJURY (APPROX.)	While At Not While Work At Work		DCCUR?	
	22. I certify that (1) (this hospital) atte		9//3/70 19	ta_9/29	19 20
	that (1) (ws) last saw the deceased all		19 Zo and that In		
-	and haur and from the causes stated at	pave. (1) (We) (did) (did nat) vi	lew the bady after death.		
2	3A. SIGNATURE 2 1			23 B. D	ATE SIGNEO
	Morel 11. Jun	DEGREE Phys.	Med. Staff Director Phys.	B	
1	NAME (Type)		3D. ADDRESS	0 4 111	u no
		1RNOR DEGREE	34 AZ Beech	or, middle	never rd
24A.	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CREE	50 B		or countyl (State)
-	Burial 5-4-70	Lorraine	Woodla	wn Balto	· Md.
25A.	MAY 4 1970 Robert E.	abey, H. U.	John To Stansbur		Windsor Mill RD.
15 3	50 PEV 1/1/60			a /	

4030 Raymonn Ave.

1-306 70		DALIMONE CIT	HEALTH DEPARTMENT		111 1-00
IRTH NO.	4569	CERTIFICA	TE OF DEATH	REG. NO	70 4569
ype or Print) Helen	B. Titt	tsworth		oril 29, 1	2 24
PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUN	CED DEAD		here deceased lived. If	institution; residence before admission
ULL NAME OF (IF NOT IN HOSPITA		ION, GIVE STREET	Maryland c. CITY OR TOWN		2714
NSTITUTION				D. IN	ISIDE CITY LIMITS?
306 Somerset Ro	pad		Baltimore E. STREET AND NUMBER 306 Somers	rot Pond	YES 🚁 NO 🗌
0.0					
F 6. RACE	WIDOWED _	NEVER MARRIED DIVORCED	1-31-1900	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work	108, KIND OF B	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTR
Homemaker	Own Ho	ome	Maryland		U.S.A.
FATHER'S NAME			14. MOTHER'S MAIDEN N		
Henry G. E	Bastian		Mary E.	Kraft	
. Was Deceased Ever in U. S. Armed Fores, no or unknown) (If yes, give war or date	ces?	6, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No No	or service/	CAUSE OF DEATH	Mr. Willis	am B. Titt	sworth Same
DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION lost.	sloting the	(c)	A CONSEQUENCE OF:		
IO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR	RT I (A).	HICH OPERATION	20A. AUTORSY? (Yes or	No) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
O THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERI OR CONTRIBUTING CAUSE OF	RT I (A). IDITION FOR WIFFORMED	LACE OF INJURY (e.g., i	n or obout 21C. WHERE DID fifice bldg., NJURY OCCUR?	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERIOD OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	RT I (A). IDITION FOR WIFFORMED 21B. P home, etc.)	LACE OF INJURY (e.g., i form, factory, street, of NJURY OCCURRED	n or obout 21C. WHERE DID NJURY OCCUR?	(If in Boltim	<u> </u>
TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERIOD OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner) 21D. TIME (Month) (Day) (Yeor) (APPROX.)	(Hour) 21E. I While Work	LACE OF INJURY (e.g., inform, foctory, street, of NJURY OCCURRED At Not While At Work	n or obout 21C. WHERE DID NJURY OCCUR?	(If in Boltim	ore City, give exact location)
DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERI 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examines) 21D. TIME (Month) (Day) (Yeor) OF INJURY (APPROX.) 22. I certify that (1) this hospital	(Hour) 21E, I While Work (O) ottended the	LACE OF INJURY (e.g., inform, foctory, street, of NJURY OCCURRED At Not While At Work	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	IN CERTIFYING C	ore City, give exact location)
TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERIOD OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) this hospital that (I) we lost saw the decease	(Hour) 21E. I While Work Ottended the ed alive an	LACE OF INJURY (e.g., inform, foctory, street, of NJURY OCCURRED At Not White At Work Addressed from	n or obout 21C. WHERE DID Infice bidg., INJURY OCCUR?	IN CERTIFYING CONTROL (If in Boltime NJURY OCCUR?	ore City, give exact location
DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERI 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D.TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (1) this hospital thot (1) (we) last saw the decease and haur and from the causes stat	(Hour) 21E. I While Work Ottended the ed alive an	LACE OF INJURY (e.g., inform, foctory, street, of NJURY OCCURRED At Not White At Work Addressed from	n or obout 21C. WHERE DID Infice bidg., INJURY OCCUR?	IN CERTIFYING CONTROL (If in Boltime NJURY OCCUR?	ore City, give exact location) - 19 plinion death accurred on the da
TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERIOD OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) this hospital that (I) we lost saw the decease	(Hour) 21E. I While Work Ottended the ed alive an	LACE OF INJURY (e.g., inform, foctory, street, of NJURY OCCURRED At Not While At Work Addid (did not) v	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID I 19 70 ond riew the bady after death	IN CERTIFYING COMMITTEE OF THE STAFF	ore City, give exoct locotion)
TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERIOD OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (1) this hospital that (1) we) last saw the decease and haur and from the causes stated	(Hour) 21E. I While Work Ottended the ed alive an	NJURY OCCURRED At Not While deceosed from	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID I 19 70 ond riew the bady after death	NJURY OCCUR? 19 70 to that in(my) (our) o	ore City, give exact location) - 19 plinion death accurred on the da
TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERIOD OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (1) this hospital that (1) (we) lost saw the decease and haur and from the causes state 23A. SIGNATURE	(Hour) 21 E. I While Work Ottended the ed alive anted abave	NJURY OCCURRED At Not While deceosed from At Work At Color (did) (did not) v	n or obout 21C. WHERE DID Infice bidg., INJURY OCCUR? 21F. HOW DID I in	IN CERTIFYING COMMITTEE OF THE STAFF	ore City, give exact location)
TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERIOD OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 210. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (1) this hospited that (1) (we) lost saw the decease and haur and from the causes state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) PRAYMAM. BURIAL CREMATION, 24B. DATE	(Hour) 21E. I While Work I) ottended the ed alive an atted abave (T)	NJURY OCCURRED At Not While deceosed from At Work At did (did not) v	n or obout 21C. WHERE DID In the bidg., INJURY OCCUR? 21F. HOW DID I are a series of the bidg. The bidge of the bidg. The bidge of the bidg. The bidge of	IN CERTIFYING CO. (If in Boltim	ore City, give exact location)
DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examines) 21D. TIME (Month) (Day) (Yeor) OF INJURY (APPROX.) 22. I certify that (I) this hospital that (I) (we) last saw the decease and haur and from the causes stat 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr. Rayin	(Hour) 218. Phomes etc.) (Hour) 218. Phomes etc.)	NJURY OCCURRED NJURY OCCURRED At Not While deceosed from At Work At deceosed from Attorious A	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID I 21F. HOW	IN CERTIFYING CO. (If in Boltim NJURY OCCUR? 19 70 to that in (my) (our) on. Shoff Phys. Dadway LOCATION Baltimore	plnion deoth accurred on the da



V\$ 150-REV, 1/1/6B

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? NOF YES " If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12, CITIZEN OF WHAT COUNTRY? BETWEEN ONSET AND DEATH (If in Baltimare City, give exact lacation)

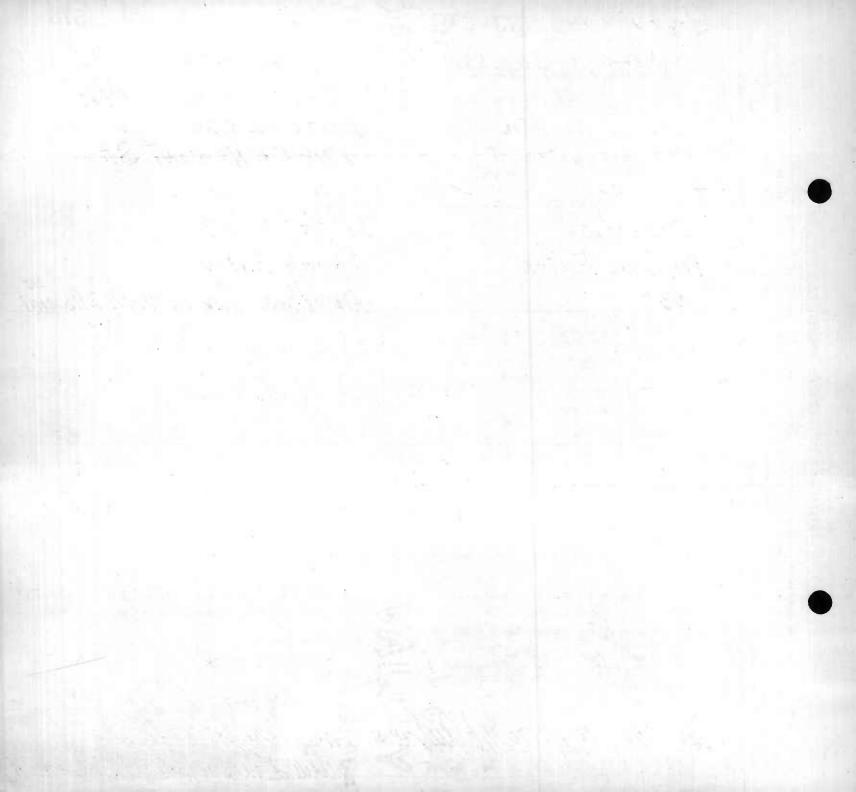
(State)

But Janua 1887 The Francisco British States of the

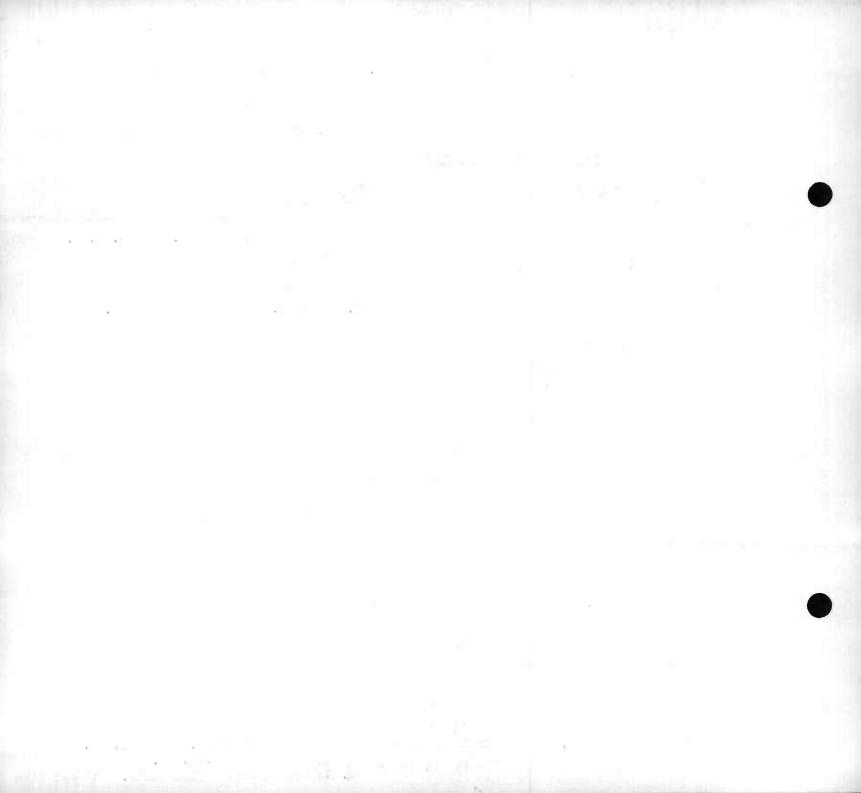
10 M Fig. 2 Her and Land B. and July 2 July 2

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



Dus	BALTIMORE C	ITY HEALTH DEPARTMENT	
81RTH NO. 70	A married from	ATE OF DEATH REG. No.	70 4575
1. NAME OF DECEASED	M1	2. DATE AND HOUR OF DEATH	.75-
FAVER,	VIRS - LORENCE	M. APRIL 29 14	970 1 3 DM
3. PLACE IN BALTIMORE, MARYLAND	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, II i	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOS HOSPITAL OR ADDRESS OR LO	PITAL OR INSTITUTION, GIVE STREET	Maryland	28/21
HOSPITAL OR ADDRESS OR LO	OCATION)	C CITY OR TOURS	IDE CITY LIMITS?
34		Baltimore	YES A NO
B. S.	11 + 1	E. STREET AND NUMBER	
Son secon	ro Hospital	406-D SWANN AU	IE
5. SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years lost birthdoy)	If Under 1 Yr., If Under 24 Hrs.
Temale White	WIDOWED DIVORCED	11/11/11/11/11/11/11/11/11	Months Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of wather during most of working life, even if retired	ork 108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or fareign country)	12. CITIZEN OF WHAT COUNTRY
House Wife		Maryland Balto.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	U. S. A.
John N. John	2 2 1	mo Tallal Rosa	
S. Wes Deceased Ever in U. S. Armed	Forces? 1 6. SOCIAL	17. INFORMANT	
Yes, no or unknown) (If yes, give wor or d	oles of service) SECURITY NO.	INFORMANT	ADDRESS
no		Mr. Harvey D. Reaver 122 Fi	rst Ave.
18.562.11	CAUSE OF DEA	ATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION		stind obstriction	BETWEEN ONSET AND DEATH
This daes not mean the mode	(A)IMMEDIATE C.	AUSE	don
heart failure, asthenia, etc. It mea injury ar camplication which caus	ns the disease	S A CONSEQUENCE OF:	
	41:10	L'al'd's Chunt d	2
ANTECEDENT CAUS		C.	Khan 3
DISEASES OR CONDITIONS, if	any, giving DUE TO, OR A	AS A CONSEQUENCE OF:	######################################
UNDERLYING CONDITION last	(C)		
OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING	U. P. Edens	
DISEASE OR CONDITION GIVEN IN P.	ART) (A).		
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P. 1994. DATE OF OPERATION 198. CWAS PI	INDITION FOR WHICH OPERATION	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
21A A CCIDENT WAS INVESTIGATED		17 12	
OR CONTRIBUTING CAUSE OF	home, form, foctory, street	in or about 21 C. WHERE DID (If in Baltimore bldg., INJURY OCCUR?	e City, give exact location)
DEATH Inotify medical examiner	etc.)		
21 D. TIME (Month) (Doy) (Yeo	The state of the s	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Not Wh	ile 🗂	
22. I certify that (1) (this hasple		4/29 1970 10	321
			4/27 19 7.0
that (1) (we) last sow the decea		19 70 and that In(my) (our) opli	nion death occurred on the date
23A. SIGNATURE	oted abave. (I) (We) (did) (did nat)	view the body after death.	
Prathai Thira	wat M.D AH	1	23B. DATE SIGNED
	OEGREE Ph	rending Med. Staff ys. Phys.	4/29/40
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
ORATHAI THIRA	WAT M.D	BON SECOURS HOSPITAL	BALTO M.D
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CI	PALA YOU'V	y, town, or county) (Stotel
5	1070 Mana3 3 Mana	No.	1
SA. DATE REC'D BY HEALTH DEPT.	1970 Moreland Memori		Balto. Md.
MAY 4 9000 O.A	4037 B A D O	2SC. FUNERAL DIRECTOR Balto. M	d. 21229DDRESS
11111 5 D/U 1/4/6	SE STATE OF THE STATE OF THE SECOND S	O G. R. Truman Schwab 5151	Balto. National Pike



1/ 1 200 000	BALTIMORE CIT	Y HEALTH DEPARTMENT		10.0	
51RTH NO. 35 70 45	/h	ATE OF DEATH	REG. NO	70 4576	
I. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH		
BENJAMIN	KOLODNER	APRI	L 28 1	970 11:05	D
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If i	nstitution: residence belore a	dmission
FULL NAME OF UF NOT IN HOSPITAL OF	R INSTITUTION, GIVE STREET	MD.	-	1115	1
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN	BALT	IDE CITY LIMITS?	0
1 11		BALTIMON			
+2 SINAI HOSF	ITAL	E. STREET AND NUMBER		YES NO	
		2905 FAL	LSTAFF	· PD	
5. SEX 6. RACE 7. AL	ARRIED NEVER MARRIED		AGE (in years		
MIT	OWED DIVORCED		st birthdoy)	Manths Doys Hours	Min.
OA. USUAL OCCUPATION (Give kind of work IOR. I		11. BIRTHPLACE (State or fareign	78		
lone during most of working life, even if retired)		The section of the section	Country	12. CITIZEN OF WHAT C	OUNTR
RETIRED-MFG.	MENS CLOTHING	RUSSIA		U.S.A.	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
FAHVIL KOLODNER		LEAH ?			
5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown! lif yes, give wor or dotes of s	16-SOCIAL	17. INFORMANT		ADDRESS	
			An		1.0
NO 18. 2 1 1 2 1 1 CS 1 2 1 1 2 1 1 1 2 1 1 1 1 1 1 1 1 1 1	217-01-1847	MRS. ROSALYNDE S	UBLE, 3503	FALLSTAFF RD.	#15
4100 F 000	CAUSE OF DEAT	Н		APPROXIMATE IN	TERVAL
DISEASE OR CONDITION DIRECTL	Υ /	0 110	0	C //	ID DEAT
(This does not meon the mode of dying	(A) IMMEDIATE CAL		lmona,	Embeli	
I heart failure ashenia ale il magne the d	DOL TO, OK MS	A CONSEQUENCE OF:			
injury or complication which coused dooth	J	4	, , _		1
ANTECEDENT CAUSES	(8) (19)	rocatine No	and tous	he 244	
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:	Victoria de la constantina della constantina del	3000	
nise to the obove couse (A) stolin	g lhe	SCUN			
- 11	(C)				
OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING N . A A	M DAY	O		
ELIO THE DEATH BUT NOT RELATED TO THE TERM	AINAL LICOTIONA	s Melliting, (Theumi	nic	
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	OR IR VES Wess I	ENDINGS CONSIDERS	
WAS PERFORME	D	1/1=5	IN CERTIFYING CA	FINDINGS CONSIDERED	
21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., I	or about 21C, WHERE DID	# I- 9-10	- Cit	
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined	home, form, factory, street, of	fice bldg., INJURY OCCUR?	ht in pottimor	e City, give exect location)	
OF INJURY		21F. HOW DID INJUR	Y OCCUR?		
(APPROX)	While At Not While At Work	· 🗆			
22. I certify that (I) this hospital atter			70 . A.	0 30	
that (1) (we) last sow the deceased aliv		8 19 7 0 and that	70 to Ap	15 15 19 19 19 19 19 19 19 19 19 19 19 19 19	ZQ
			(my) (aur) apir	nian death occurred on t	he dote
and hour and from the causes stated abo	eve (I) (We) (did) (did nat) vi	ew the bady after death.			
100	n MN.			23 B. DATE SIGNED	
//school force	Affer Phys.	Med. Sta		4/20/70	
23C. MAYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS		1/00/10	
VICTOR BAL	DEN MI	SONAL H	OSDITA	,	
A- BURIAL CREMATION, 248, DATE	24C. NAME OF CEMETERY OF CRE	JIVII //	27/14/		
REMOVAL (Specify)					itote)
BURIAL 4-30-70	SHAAREI ZION		IMORE, MARS	LAND	
SA. DATE REC'D BY HEALTH DEPT. 258. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS	
MAY 4 TOTAL DOLERS	1000	SOLALEVINSON &	3ROS.,6010	REISTERSTOWN 1	CAOS
S 150-REV. 1/1/68					

Such

T NIA	MICO	beau	BALTIMORE CITY	HEALTH DEPARTMENT		חציי	a authorities
EIRTH NO.	70	4577	CERTIFICA	TE OF DEATH	REG. NO	10	4577.
1. NAME OF DECEA (Type or Print)	JEANETTE EC	CLI			L 29, 1970	32	9 A. M.
3. PLACE IN BALTIM	ORE MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If in	stitution: resid	dence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION CONGRESS	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION	ON, GIVE STREET	MARY LAND c. CITY OR TOWN BALTIMORE	D. INSI	DE CITY LIMI	70/ ns?
/	ANKLIN STRE	ET		CONGRESS HOT		DANIZITA	CTDEET
5. SEX 6.	RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	16 Hadas 1	Yr., If Under 24 Hrs.
FEMALE	WHITE	WIDOWED	DIVORCED	4-21-1910	lost birthdoy) 60	Months De	oys Hours Min.
to A. USUAL OCCUPA done during most of wor				11. BIRTHPLACE (State or f	oreign country)		OF WHAT COUNTRY?
HOUSEWIFE	Sacretal III	AT H	OME	BALTIMORE, MA	RYLAND	u.s	.A.
13. FATHER'S NAME ISRAEL KA	PIAN			14. MOTHER'S MAIDEN N			
					TEIX		
5. Was Deceased Ev Yes, no or unknown) (If	er in U. S. Armed For yes, give wor or dote	rces? 1 6	SECURITY NO.	17. INFORMANT			DDRESS
NO				MRS. ROSE FELI	. 3 COBBLEST		
18342	(H 0/50	1	CAUSE OF DEATH				APPROXIMATE INTERVAL
	OR CONDITION DI	RECTLY		Par Xerrara			10000
	mean the made of	dving. e.a	(A) IMMEDIATE CAU	SE / CONSEQUENCE OF:	· ····		peace
heort failure, as	henia, etc. II means	the diseose,	DUE TO, OK AS	A CONSEQUENCE OF:	0 1	11/2	
	cotion which coused		les. X	I Var end	(en) yezil		10400
	TECEDENT CAUSES		(B)	CO / OK -DD			/ Land
rise to the	CONDITIONS, if obave cause (A) CONDITION last.		(C)	A CONSEQUENCE OF:			
ON DENEMINO (11		(C)		A /		
TO THE DEATH I	II INT CONDITIONS CO BUT NOT RELATED TO T	HE TERMINAL	Ohen	ty y Da	ahe ter		15 year
DISEASE OR CON	PERATION 198. CON WAS PER	IDITION FOR WHI	ICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS COUSES OF DE	ONSIDERED ATH?
21A. ACCIDENT	WAS UNDERLYING	21 B. PL.	ACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimor	e City, give e	exoct location)
DEATH (notify m	edical examiner)	etc.)	10111, 10001,		-		
	Month) (Doy) (Year)	(Hour) 21E. IN	JURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
OF INJURY		While	At Not While		-		
	(1) (1)	Work	At Work	Jan	-69 A	10	- 70
	t (1) (this hospito st sow the decease	0	sul w	~ D	that in (my) (our) opi	nion death	occurred on the date
		(2)				mon deom	/ / /
23A. SIGNATURE		red above. (1)	me) (did) (did not) v	iew the body ofter deot	h.	23B. DATE	SIONED
257. 3101471	1 100 11 -	1010	Atte	nding Med.	Staff	236. 0219	129/70
23C PHYSICIANS	or ray o	100	GEGREE Phys	Director L	Phys.	//	11/
NAME (Type)	T1111			7100		
AA BURIAL CRESS	ROBERT L		GEGREE	MEDICAL ARTS		h	(5)
REMOVAL (Spe		24C.NAM	E of CEMETERY OF CRE	MAIOKT 24D	LOCATION (C	ity, town, or c	county) (State)
BURIAL	4-30-70		UK AMUNO		BALTIMORE, MA	RYLAND	
25A. DATE REC'D BY	HEALTH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECT			ERSTOWN ROAD
VS 150 PSV 1/1/6P	1311			10 00 10 0			

THE REAL PROPERTY. AND THE PARTY OF T TANKE STATE OF THE IS SECTION OF THE PARTY OF THE

12	NIX	190	w Miles	BALTIMORE CITY	HEALTH DEPARTMENT		170	4 m 1940
	H NO.	70	4578	CERTIFICA	TE OF DEATH	REG. NO	70	45/8
	or Print)	AKER,	±1 VE	IEDIEDAL		AND HOUR OF DEATH	70.	122
3. PI	LACE IN BALT	TIMORE MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived II is	/0	12,20 pm
FUL	L NAME OF		TAL OR INSTIT	TUTION, GIVE STREET	A. STATE B. COU MARYLA C. CITY OR TOWN BALTIM	ND	IDE CITY LIMIT	730
31	NAIH	HOSPITAL O	F BALT	TIMORE	E. STREET AND NUMBER	ARKS LA		
5. SE	X FEMALI	6. RACE WHITE	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthdoy) 58	If Under 1 Months; Do	Yr. If Under 24 Hrs. Min.
done	USUAL OCCU dering most of a ATHER'S NAN	PATION (Give kind of wo vorking life, even if refired) HOUSEWIFE	THE RIND OF	BUSINESS OR INDUSTRY HOME AXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	BALTIMORE, 11. BIRTHPLACE (Stote or for BALTIMORE, 14. MOTHER'S MAIDEN N	oreign country) MARY LAND		S.A.
	AMUEL S				MINNIE GOLD	FINE		
(Yes,	no or unknown!	Ever in U. S. Armed Fo	rces? les of service!	SECURITY NO.	17. INFORMANT			DDRESS
N		77		CAUSE OF DEAT	MR. STANLEY B	AKER, 3109 B	ANCROFT	RD. APT. D
	This does no	E OR CONDITION D LEADING TO DEATH of mean the made of	i dving. e.g	(A) IMMEDIATE CAL	ISE CARDIA C A CONSEQUENCE OF:	ARRES	BET	APPROXIMATE INTERVAL WEEN ONSET AND DEATH
ľ	njury ar camp	aslhenia, etc. II means plication which cause NTECEDENT CAUSE	d death.) S		DIOGENIC A CONSEQUENCE OF:			246.
1	ise la the	R CONDITIONS, if above cause (A) CONDITION last.	any, giving stating the	(c) M/00	ARDIAL /	NFARCTIC	W	36 ks.
EIT	O THE DEATH	CANT CONDITIONS CO I BUT NOT RELATED TO ONDITION GIVEN IN PA	THE TERMINAL	CORON	JARY INS	UFFICIEN	N	5 %.
		OPERATION 198 COL		WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IF YES, WERE IN CERTIFYING CA	FINDINGS COUSES OF DEA	NSIDERED LTH?
CAL	TA. A CCIDEN' OR CONTRIBUT DEATH (notify (T WAS UNDERLYING [TING] CAUSE OF medical examined	21 B hom etc.	e, form, foctory, street, of	n or obout 21C. WHERE DID	(If In Boltimor	e City, give ex	xoct location)
3 0	ID. TIME F INJURY APPROX.)	(Month) (Doy) (Yeori		INJURY OCCURRED ile At Not While At Wark	21F. HOW DID IN	NJURY OCCUR?		- 140.711
2	2. I certify t	that (1) (this hospita	i) attended t	he deceosed from		19 <u>70</u> to	4-	30 1970
ti	not (I) (we)	last saw the deceas	ed alive an	4-30	19 <u></u>	that In (my) (our) opi	nian death c	occurred on the date
a	nd hour ond	from the causes sta	ted above. (I) (We) (did) (did not) v	lew the body ofter death			200
	3A. SIGNATUR	Walle	n/ 4	Atter	nding Med.	Staff Phys.	23B, DATE S	30 - 20
	NAME (TY	RLOS S.	VAL		SINAL H	OSPITAL	OF	BALTO
	BURIAL CREW REMOVAL (Sp URIAL	AATION, 24B. DATE pecify) 5- 1-70		AME OF CEMETERY OF CRE HE EMUNAH		LTIMORE, MAR	ly. town, or co	ounty) (Stote)
25A.	DATE REC'D	1970 Page 8		OF REGISTRAR	SOL LEVINSON	OR .		ADDRESS ERSTOWN ROAD
VS 15	0-REV. 1/1/6	8						

(FRIEDA)

HITE EMALE

SAMUEL SIEGEL

BALTIMORE, MARYLAND

MINNIE GOLDFINE

MR. STANLEY BAKER, 3109 BANCROFT RD., APT. D

BURIAL

5- 1-70

ANSHE EMUNAH

BALTIMORE, MARYLAND

SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

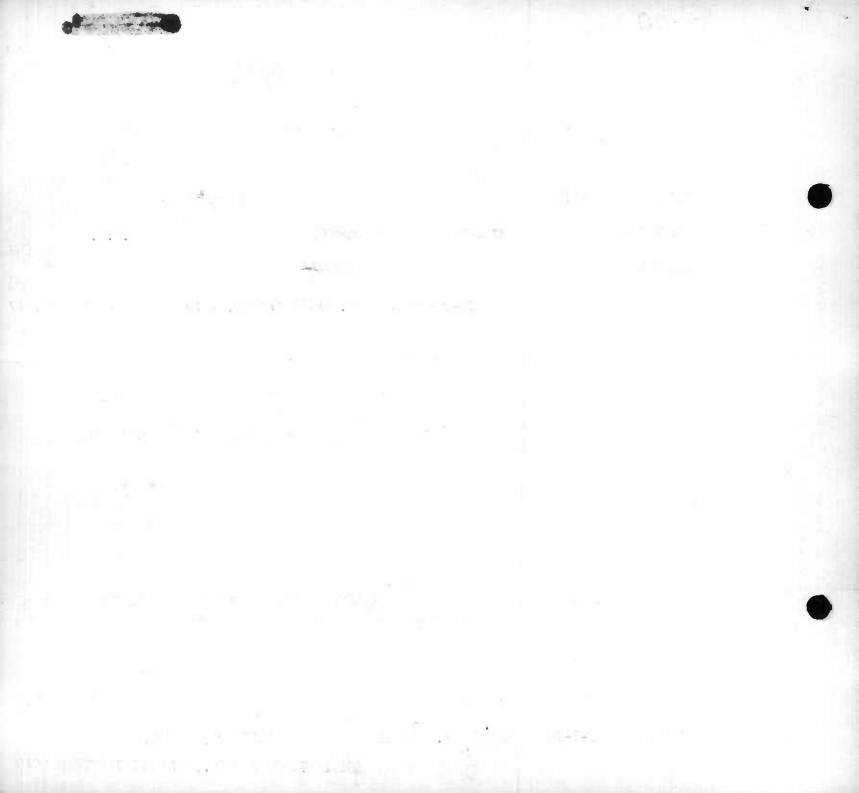
E THE	BALTIMORE CITY	HEALTH DEPARTMENT		70 1579
BIRTH NO. 70 457	CERTIFICA	TE OF DEATH	REG. NO	2370
1. NAME OF DECEASED (Type or Print) GERTRUDE B.	EDELMAN		28, 1970	1 6 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	re deceosed lived. If	institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARY LAND C. CITY OR TOWN		SIDE CITY LIMITS?
INSTITUTION TOUT OF ART OF	0.2E		D. IIV	YES NO
WYNNE WOOD TOWERS, APT. 90	73E	E. STREET AND NUMBER		123 - 110 -
100 W. COLD SPRING LANE		100 W. COLD SP	RING LANE.	APT. 903EX #21210
S. SEX 6. RACE 7. MARR	IED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
FEMALE WHITE WIDOW		10-1-1901	68	
tOA, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	AT HOME	CINCINNATI, OH	10	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
REV. BENJAMIN BLEIBERG		SOPHIA	?	
S. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of servi	16. SOCIAL SECURITY NO.	MR. JACOB J. ED		
18. / 2	CAUSE OF DEAT	APT. 903E, 100 (W. CULU SPK	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	in	RCINOMATOS	15	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL		/ ->	Smos
(This does not mean the mode of dying, heart failure, asthenio, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which coused death.)	0	5 6	1	
ANTECEDENT CAUSES	(B) Carin	oma of CO/	on	Syears
DISEASES OR CONDITIONS, if ony, giverise to the obove cause (A) stoling	· mig	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(c)			
_ 11	BANAN			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).		•	*	
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
198. CONDITION F. WAS PERFORMED		140	IN CERTIFIENG C.	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, farm, factory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltime	ore City, give exact location)
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	White At Not While Work At Work	e		1
22. I certify that (1) (this haspital) attended		Janvay	1956 to	4/28 1970
that (I) (we) last saw the deceased alive	111	0 - /		vinian death accurred an the date
and haur and fram the causes stated above	e (I) (We) (did) (did nat) v			
23A. SIGNATURE	Atte	ending Med.	Staff	23B. DATE SIGNED
23C. PHYSICIAN'S	Set Worker Phy	s. Director L	Phys. 🔲	1/27/10
NAME (Type) LEON KASSEL		2200 111 Cm	11 Com 401	(600 2/2/0
	DEGREE C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION	City, town, or county) (State)
BURIAL (Specify) 4-30-70	AITZ CHAIM		LTIMORE, MA	
25A. DATE REC'D BY HEALTH DEPT. 268 NY	ME OF REGISTRAR	SOL EVINSON	& BROS., 60	O REISTERSTOWN ROAD

many and a second and a second AND THE PERSON AND THE LAND 160 . COLO STREE LA COLO ... COL Markital billions Mark to the comment of the state of the stat AND MINE LIES IN SOIT THE THE DIMER STEEL STREET THE RESIDENCE AND ADDRESS OF THE RESIDENCE AN

IMPORTANT

FUNERAL DIRECTOR:

1	2 000			BALTIMORE CITY	HEALTH DEPARTMENT		
BI	S-200	70 45	80	CERTIFICA	TE OF DEATH	REG. NO	4500
	Pe or Print					ND HOUR OF DEATH	4580
-	PLACE IN BALTIMORE MA		NNI			29/70	at 11.55 PM.
3.	PLACE IN BALIMOKE, MA	KILAND, WHERE	PRONOU	NCED DEAD	4. USUAL RESIDENCE (Wh	ere deceosed lived. If ins	litution residence before edmission)
FL	ILL NAME OF (IF NO SMITAL OR ADDRE	S OR LOCATION	RINSTITU	TION. GIVE STREET	MARYLAN	D	27/6
IN	STITUTION	or coornor	,		C. CITY OR TOWN	D. INSID	E CITY LIMITS?
10	KINA L	OSPITI	AI	OF	BALTIMORE E. STREET AND NUMBER		YES NO
L	317 711	007	BA	LTIMORE		RK HEIGHT	S AVE.
5.	SEX 6. RACE	7- M	ARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
L	FEMALE /		OOWED			02 YYWYY164	Months Doys Hours Min.
do	N. USUAL OCCUPATION (Give the during most of working life, ex	e kind of work 108, I	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE		AT t	HOME	RUSSIA -	·	U.S.A.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	
	UNKNOWN				UNKNOWN _		
15. (Ye	Wos Deceased Ever in U. S s,no or unknown) (If yes, give	Armed Forces?	ervice)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO			214-03-0926B	MRS. HELEN SEA	MAN. 1513 BOL	TON STREET #21217
	18. 412 31			CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CON	DITION DIRECTL	.Y				BETWEEN ONSET AND DEATH
	LEADING T			(A) IMMEDIATE CAU	SE		
	heart failure, asthenia, el- injury at complication wh	c. Il means the d	isease,	DUE TO, OR AS	CONSEQUENCE OF:		
	ANTECEDEN		T _a J	ATHER	LOSCLEROTIC	HEART 7	Disense
	DISEASES OR CONDIT		aivia -	(B)	A CONSEQUENCE OF:		199175
	rise to the above of UNDERLYING CONDITION	ouse (A) slolir	ng lhe	6 WITH	CONGEST	IVE HEART	PALLUDC
		N lost		(c)	CONTIGOR	VC TICTIFE	THISTIRE
Z	OTHER SIGNIFICANT COND	ITIONS CONTRIBI	UTING				
ATI	TO THE DEATH BUT NOT REDISEASE OR CONDITION G	FLATED TO THE TER	MINAL	*****************			
CERTIFICATION	19A-DATE OF OPERATION	198. CONDITION	N FOR WI	HICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED
CERT	21A. ACCIDENT WAS UNI	SPLVINGE	1218 8	1 4 6 7 6 7 10 10 10 10 1			
	OR CONTRIBUTING CAL	ISE OF	home,	form, foctory, street, off	or obout 21 C. WHERE DID	(If In Boltimore	City, give exect location)
MEDICAL	21 D. TIME (Month) (D			NJURY OCCURRED			
ME	OF INJURY (APPROX)	cy, treon trion	While		21 F. HOW DID IN	IURY OCCUR?	
			Work	Al Work			
	22. I certify that (I) (thi			. /		19 70 to	4/29 1970
	that (I) (we) last sow th			4/99	19and th	at in(my) (aur) apini	on death occurred an the dote
	and hour and from the c	uses stated ab	ove. (I)	(We) (did) (did not) vi	ew the body after death.		
	23A SIGNATURE	10000		Atten	ding Med.		3B. DATE SIGNED
	23C. PHYSICIAN'S	9.00	90.88	DEGREE Phys.	L.I Director L.I	Steff Phys.	4/29/70 -
	23C. PHYSICIAN'S NAME (Type)	15EI AM	KI	PROR MO!	SINAI	HOSPITAL	OF BALTIMORS
24A	BURIAL CREMATION, 24	DATE	24C. NAA	AE OF CEMETERY OF CRE		71	lown, or countyl (Stote)
	BURIAL CREMATION, 241 REMOVAL (Specify) BURIAL	5-1-70	HEBRE	W MT. CARMEL		TIMORE, MARYL	· ·
_	DATE REC'D BY HEALTH	0 T. (25 1 N	AMEJOF	ARGISTRAR			REISTERSTOWN ROAD
VS	150-REV. 1/1/68			V V	4 3 6 6		



Such

prior to

attendance on the death.

1			BALTIMORE CITY	HEALTH DEPARTMENT		70 4581
5-6/0 BIRTH NO.	70	4581	CERTIFICA	TE OF DEATH	REG. NO	
1. NAME OF DECEA (Type or Print)	SED LILIAN	.GREIF			O A.M. A	pril 30, 1970 "
3. PLACE IN BALTIA		Δ	UNCED DEAD	4. USUAL RESIDENCE (WI	ere deceased lived. If	institution: residence before admission
CERTIFIE HOSPITAL OR	ADDRESS OF LOCAL	ALAMI	ENDER	MARYLAND		1201
INSTITUTION			5-12-70	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
3900 N. C	HARLES STRE	ET. APT.	911	BALTIMOR	E	YES NO NO
00				3900 N.	CHARLES STRE	EET. APT. 911
5. SEX 6.	RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
FEMALE	WHITE	WIDOWED	DIVORCED	SEPTEMBER 1885	84	
OA. USUAL OCCUP		108. KIND OF	BUSINESS OR INDUSTRY		reign country)	12. CITIZEN OF WHAT COUNTR
DOMESTIC=	king life, even if retired)	AT-H	OME NONE	BAITTMODE MA	DVIAND	U.S.A.
3. FATHER'S NAME	11011	AF-FR	ME- NONE	BALTIMORE, MA		u.S.A.
MAX GREIF				LAURA FRAN		
5. Was Deceased Ev	er in U. S. Armed For	ces?	16. SOCIAL	17. INFORMANT		ADDRESS
	f yes, give wor or dote	s of service)	SECURITY NO.	HO HITHOTON DO	148070F 14 1	TOUT OF HOLDON
NO			CAUSE OF DEAT		UNVIGE, TO LI	IGHT ST. #21202
(This does not heart failure, as injury or compliant of the compliant of the compliant of the complex of the co	meon the mode of thenio, etc. It meons to the mode of	the disease, death.) ony, giving stating the		A CONSEQUENCE OF:	oended eft	ordin 2 days
TO THE DEATH	BUT NOT RELATED TO T	HE TERMINAL		700 A	1.1 000 to was	
DATE OF O	PERATION 198 CON WAS PER		WHICH OPERATION	20 A. AUTOPSY? (Yes or h		E FINDINGS CONSIDERED AUSES OF DEATH?
O 21 A. ACCIDENT OR CONTRIBUTE DEATH (notify m	WAS UNDERLYING NG CAUSE OF	21B. hom etc.)	ie, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltime	ore City, give exact location)
wet	Month) (Doy) (Year)		INJURY OCCURRED ile At Not White rk At Work	21F. HOW DID IN	IJURY OCCUR?	
22. I certify th	ot (1) (thi s hosp ito) ottended t	he deceased from	On 31	1969 to By	Jul 29 1976
	st sow the decease		Graffind 1	60 200		pinlon death occurred on the do
			8			of the decimal of the
23A. SIGNATURE	/	led obove. (I	i) (We) (did) (did not) v	lew the body after deoth	•	DATE SIGNED
23A. SIGNATURE	. och h	litor	Phys	ending Med.	Staff Phys.	23B, DATE SIGNED
23C PHYSICIAN'		WHITEHO	DEGREE	23D. ADDRESS	ES ST.	
24A. BURIAL CREMA	ATION, 24B. DATE	24C N	DEGREE	FMATORY 24D	LOCATION (City, town, or county) (State)
REMOVALISO	SYATTON					
BURIXK	3-1-70		OUDEN PARK	BA	LTIMORE, MA	KY LAN U
25A. DATE REC'D BY	HEALTH DEPT.	258 NAME C	REGISTRAR	25C. FUNERAL DIRECTO	B 2000 (A1	A DETCTEDEPRIN ROAD

RoBer &

LOUDEN PARK 258 NAME OF REGISTRAR

BROS., 6010 REISTERSTOWN ROAD SOL LEVINSON

VS 150-REV. 1/1/6B

V.S. 153 5-12-70 M.H.

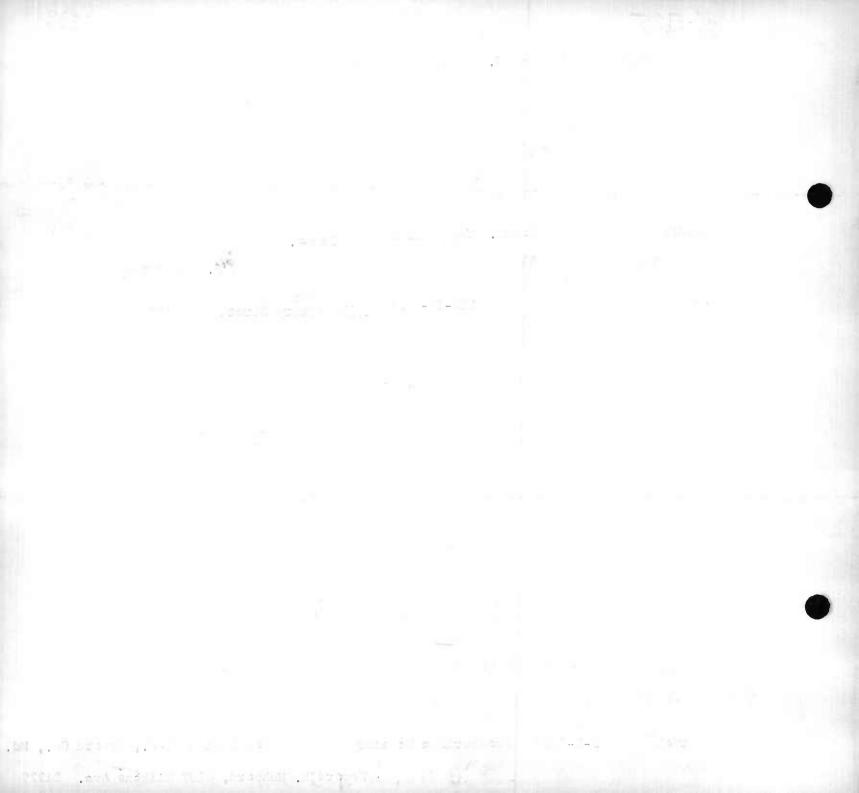
The second of th Long belling again in the The second section of the second section of

IMPORTAN

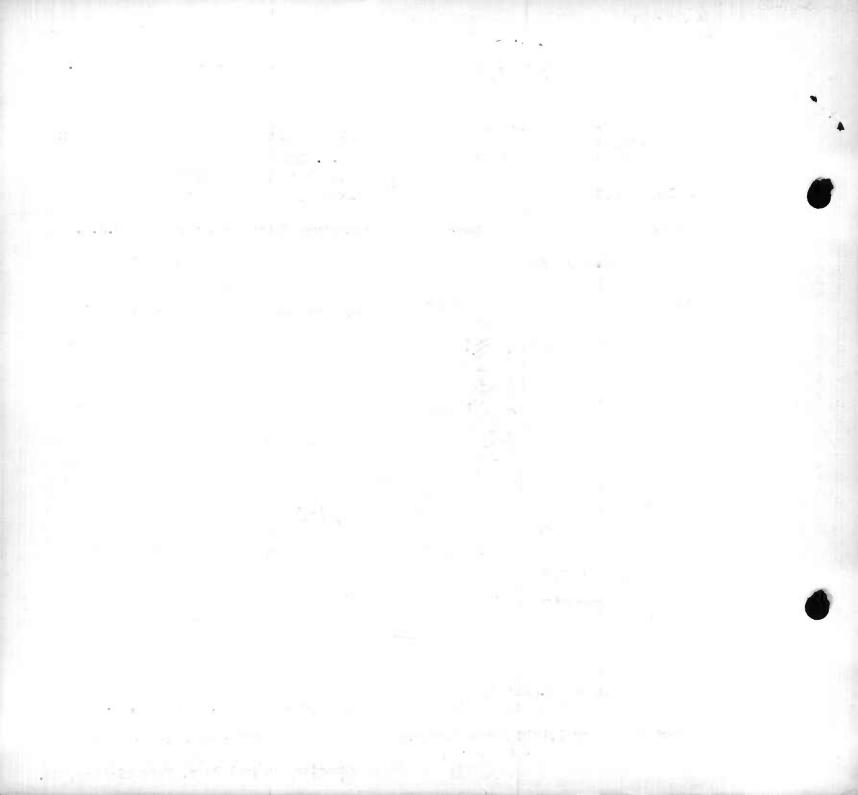
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

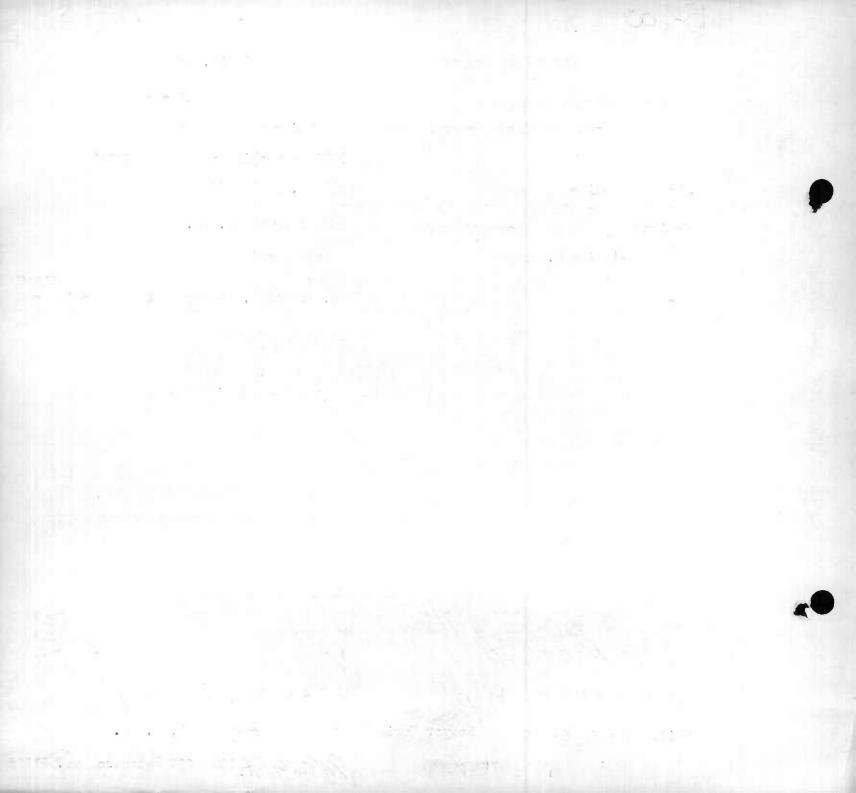


B-20	50 7	0 4584		HEALTH DEPARTMENT OF DEAT		70 4584
BIRTH NO.			CERTIFICA		E AND HOUR OF DEATH	
(Type at Print)	Sa	ndra Bash			4-27-1970	8.40 A
3. PLACE IN	BALTIMORE, MARYLAND,		ED DEAD	4. USUAL RESIDENCE A. STATE B. C	(Where deceased lived, II i	nstitution: residence below admission)
FULL NAME	OF (IF NOT IN HOSE ADDRESS OR LO	PITAL OR INSTITUTION	N, GIVE STREET	Maryland c.CITY OR TOWN	Dorchester	5400
MOITUTITZMI	Baltimore Ci	ty Hospital	s			SIDE CITY LIMITS?
3/	4940 Easterr	_		Williamsbur		YES NO 🔀
	Baltimore, Ma		224	P.O. Box	7	
5. SEX	6. RACE	7- MARRIED N	EVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Yr., If Under 24 Hrs. Months! Doys Hours Min.
Female		WIDOWED	DIVORCED	6-13-1964	lost birthdoy) 5	Months Doys Hours Min.
10A, USUAL O dane during mos NON	CCUPATION (Give kind of w st of working life, even if retired @	ork 108. KIND OF BUS			r foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MAIDEN		
	Sanford	Bash			Helen	Poole
Tes, no or unkn	used Ever in U. S. Armed I own) (If yes, give wor or do	orces?	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			None	Records: BCH-	4940 Eastern A	Avenue 21224
DIS	EASE OF CONDITION	DIRECTLY &	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This doe	LEADING TO DEAT		(A) IMMEDIATE CAL		10N	1 hr
i neon idin	Jre. asinenia. etc. II medi	s the datages	DUE TO, OR AS	A CONSEQUENCE OF:		
injury of	complication which coust	o central 2				
	ANTECEDENT CAUS	100	(B)	G-I B	CEEDING	2 hr
DISEASES	OR CONDITIONS, it	any, Diving	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLY	ING CONDITION last,	signing in an	(c)	40% 3°	BUNN	4 who
	-11	L 13 FG				
FIIO THE D	NIFICANT CONDITIONS C EATH BUT NOT RELATED TO IR CONDITION GIVEN IN P	THE TERMINAL	PSEUDOR	10MAS SER	25/5	4d.
19A. DATE	OF OPERATION 198 CO	NDITION FOR WHICE	H OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDINGS CONSIDERED
U 21A. ACCI	DENT WAS UNDERLYING	218. PLA	CE OF INJURY (e.g., i	or obout 21 C. WHERE D	ID (li in Boltimo	re City, give exoct location)
DEATH (no	otify medical examiner	etch nome, to	m, loctory, street, or	fice bidg. INJURY OCCU	X7 WILLIAM	SAURG MD 5900
O 21 D. TIME	(Month) (Doy) (Yeo	i) (Hour 21E INJU	JRY OCCURRED		INJURY OCCUR?	38010 110
OF INJURY (APPROX.)	3 31 70	While At Work			L INTO THE	ASM FIRE
22. 1 cert	Ify that (1) (this heapt	at) attended the de	ceased from	4/14	19 70 to	4/27 19 70
that (1) (s	we) last saw the decea	sed alive an	4/27	19 70 an	d that In (my) (our) op	Inlan death accurred an the date
	and fram the causes st	ated abave. (1) (\text{\text{44}}	e) (did) (did not) v	lew the bady after de	oth.	
23A. SIGN	ATURE /	sol)				23 B. DATE SIGNED
1/1	~ V/ Kusha	11100.	DEGREE Phys	nding Med. Director	Shaff Phys.	14/27/70
	_ /	r. Friedman		BANT-IMON	T	Ins and done
	TEVEN T. FA	1EDMAN 1				RESE, MOV. 21224
REMOVA BUT:	L (Specify)	1970 Johns	Cemetery of CRE	MATORY 24	Near Preston	ity, town, or county) (Stote) Marvland
25A. DATE RE	C'D BY HEALTH DEPL	258 NAME OF RE		25C. FUNERAL DIREC	cron la	Appett
MAY 4	1910 Poby 8	8. Jakes M	000			ederatsburg, Md.
10 3 CO DEAL 3	13 11 0					

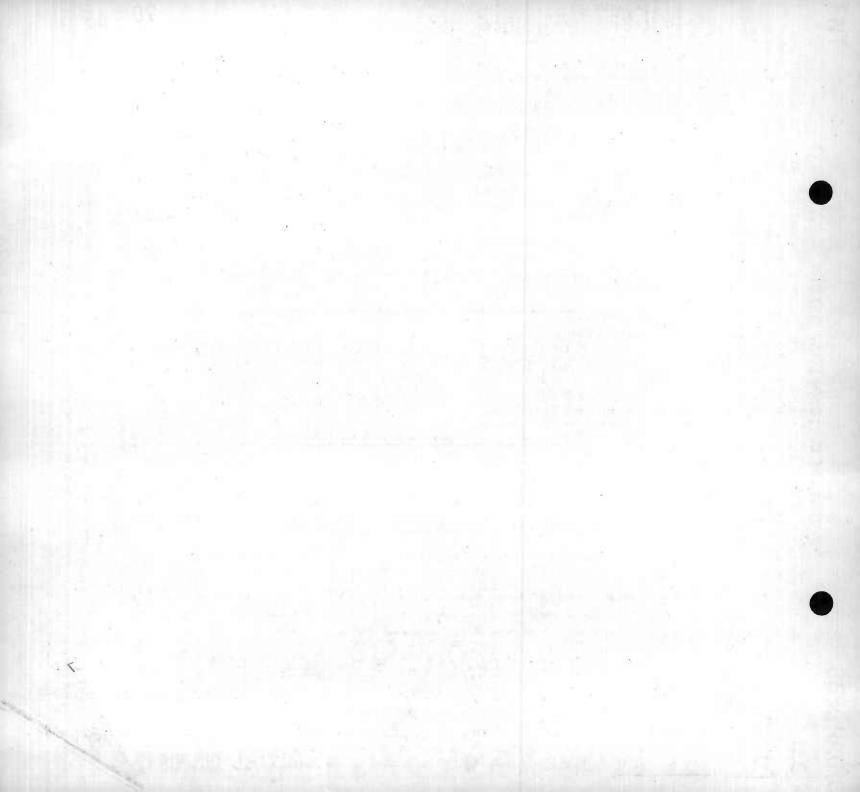


FUNERAL DIRECTOR: IMPORTANT

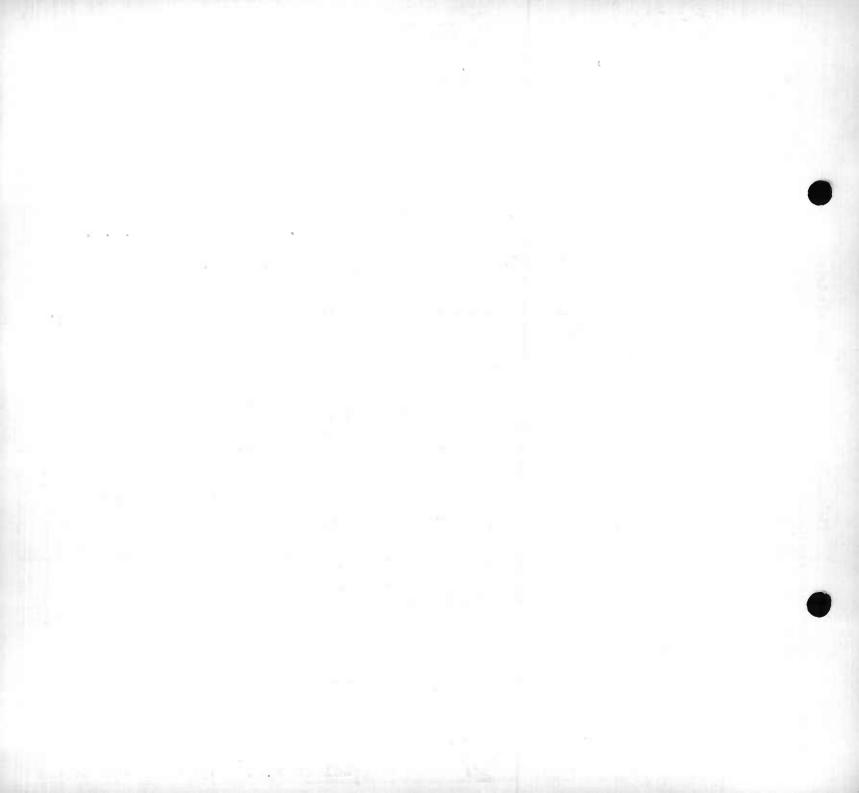
15-60	0 70	4585		Y HEALTH DEPARTMEN	X	70 4585
BIRTH NO.	CEASED	4000	CERTITION.		TE AND HOUR OF DEAT	TH
(Type or Print)		Daws Bo	wer		April 30, 197	
3. PLACE IN BA	LTIMORE, MARYLAND, V			4. USUAL RESIDENCE		f institution; residence before admiss
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	TION, GIVE STREET	Maryland C. CITY OR TOWN	Beltim	ore 5300
43	South Bal	timore G	eneral Hosp		re Highlands	YES NO NO
				3813 Anna	polis Road	21 227
SEX	6. RACE	7. MARRIED	X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours Mir
Male	White	WIDOWED	DIVORCED	April 11, 1	906 os1 bishdoy)	Nomins Boys Hoors Nom
	CUPATION (Give kind of wor f working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUN
Janito		Goddar	d Space	Clear Cr	eek W. Va.	US
3. FATHER'S NA	ME		F	14. MOTHER'S MAIDE		
	William O.	Bowyer		Della T	oni	
	d Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFORMANT		ADDRESS 21.22
No No	n) (If yes, give wor or dot	es of service/	SECURITY NO.	Mrs. Ardit	h C. Bowyer	3813 Annapolis Ros
18. / / /	10		CAUSE OF DEAT			APPROXIMATE INTERV
DISEA	I ASE OR CONDITION DI	RECTLY		A 41 -	-	BETWEEN ONSET AND DE
7 51327	LEADING TO DEATH	WEGIE!	(A)IMMEDIATE CA	HEE AIMI		
	nal mean the made of			A CONSEQUENCE OF:		
	mplication which caused		6	011	0 11	The second
	ANTECEDENT CAUSES		Lenu	L Gardoc	, Muyere	nas
DISEASES	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	. 40 100 100 100 40 100 100 100 100 100 1	<i>A</i>
	ne abave cause (A)	stating the				
ONDERETIN			(C)			***************************************
O THER SIGN	II IFICANT CONDITIONS CO	NTDIBITING				
FILL INF DEA	TH BUT NOT RELATED TO	HE TERMINAL			7 as as as as do as	
U 19A. DATE O	F OPERATION 198. CON	IDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes	or No) 208. IF YES, WES	RE FINDINGS CONSIDERED
ERTIFI	WAS PER	FORMED			IN CERTIFYING	CAUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING [OUTING] CAUSE OF y medical examiner)	21 B. home	PLACE OF INJURY (e.g., c, form, foctory, street, c	in or obout 21 C. WHERE E	OID (If In Boltin J R?	nore City, give exact location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
OF INJURY			e At Not Whi		1 -	
		Work	\sim	47	4 5000	
22. I certif	y that (1) (this haspito	I) ottended th	e deceased from	nee in	19 10	
that (I) (we) lost saw the decease	ed alive on	4/2/	19 70 .	nd that in (my) (our) o	pinion deoth occurred on the
and hour or	nd from the courses sto	red obave. (1)	(We) (did) (did nat)	view the bady after de	eath.	
23A. SIGNAT		An A		1		23 B. DATE SIGNED
6	E/1/01	MAD	Dh.	ending Med.	Staff Phys.	5/0470
23C-PHYSICI	AN'S		DEGREE	23D. ADDRESS		
NAME	I DANDS	M	n	3927 ANN	IAPOLIC	BA
24A. BURIAL CR	EMATION, 248. DATE	24C NA	ME of CEMETERY of CR		AD LOCATION	(City, town, or county) (State
REMOVAL	(Specify)	270.117	Bowyer Duria		Long Branch,	
phrial	Removal 5/5/		y			
DATE REC'	BY HEALTH DEPT.	25B. NAME O	REGISTRAR	25C. FUNERAL DIRI		Patapsco Ave. 21:
VS 150-REV. 1/1	/68	1 2	W	1/19/		



100 000	BALTIMORE CITY HEA	LTH DEPARTMENT	17	0 4=00			
D-400 07784 4586	CERTIFICATE	OF DEATH	REG. NO.	4588			
1. NAME OF DECEASED (Type or Print) BABY BOY DALE		4/20 /	HOUR OF DEATH	341 A M.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCES FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION,	A. S	SUAL RESIDENCE (Wheeler ATE B. COUNTY Maryland		ution: residence before admission)			
HOSPITAL OR ADDRESS OR LOCATION)	C. CI	TY OR TOWN	D. INSIDE	CITY LIMITS?			
JOHNS HOPKINS HOSPITAL		Baltimore REET AND NUMBER	Y	ES NO			
33		201 E. Lafay					
5. SEX 6. RACE 7. MARRIED NE WIDOWED	DIVORCED 4	18/70 "	2 day	f Under 1 Yr. If Under 24 Hrs. Aonths: Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSII done during most of working life, even if retired)	NESS OR INDUSTRY 11. B	MARYL AVE	. 0	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	14. A	OTHER'S MAIDEN NAME	20	I E LAFAYETTE			
15. Was Deceased Ever in U. S. Armed Forces? 16. S.	0.51.41	SHEILA	VALE	BACTIMORE, MI			
13. 44 08 Deceased Ever in C. 3. Armed Forces:	OCIAL ECURITY NO.	FORMANT		ADDRESS			
1842721	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OF CONDITION DIRECTLY	/	anni Omo	Deve Del And	~ ~			
(This does not more the made of duine and	(A) IMMEDIATE CAUSE O	ARDIORESPI	CATOKYAKE	tst o min			
heart lailure, asthenia, etc. It means the disease, injury ar camplication which caused death.)				_			
ANTECEDENT CAUSES	(B) IMMAT	URITY		2 days			
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the	DUE TO, OR AS A CO	NSEQUENCE OF:					
UNDERLYING CONDITION Ideal. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	(C)						
OTHER SEGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			30.05 64				
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION 20	A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED ES OF DEATH?			
U 21A. ACCIDENT WAS UNDERLYING 21B. PLAC	E OF INJURY (e.g., in or of n, foctory, street, office bi	out 21 C. WHERE DID	(If in Boltimore C	City, give exoct lacotian)			
₩ OF INJURY	RY OCCURRED Not While	21F. HOW DID INJUR	Y OCCUR?				
(APPROX.) While At	Al Work			1/			
22. I certify that (this hospital) attended the de	ceosed from 7/1	Charles /	10 to 19	1/20 19 70,			
that (We) last saw the deceased olive on	4/20		In (our) opinio	on death occurred on the date			
that 2) (we) last saw the deceased clive on 9 19 70 and that In (as) (our) opinion death occurred and hour and from the causes stated above. (We) (did) (did as) view the body after death. 23A. SIGNATURE Attending Med. Staff							
Haplit Cell hull	Attending Phys.	Med. St	off.	4/20/70			
23C. PHYNCIAN'S NAME (Type) Joseph T Coyle, 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of	23 D. A	DDRESS	pkins Hosp	1 + 2			
	11.10.	TIC COTTIED TIC		rtar			
	DEGREE OF CEMETERY OF CREMATO			town, or county) (Stote)			
	Hopkins Ho	spital 601 N	ATION (City,				
KEMOVAL (Specify)	Hopkins Ho	DRY 24D. LOC	ATION (City,	town, or county) (State)			



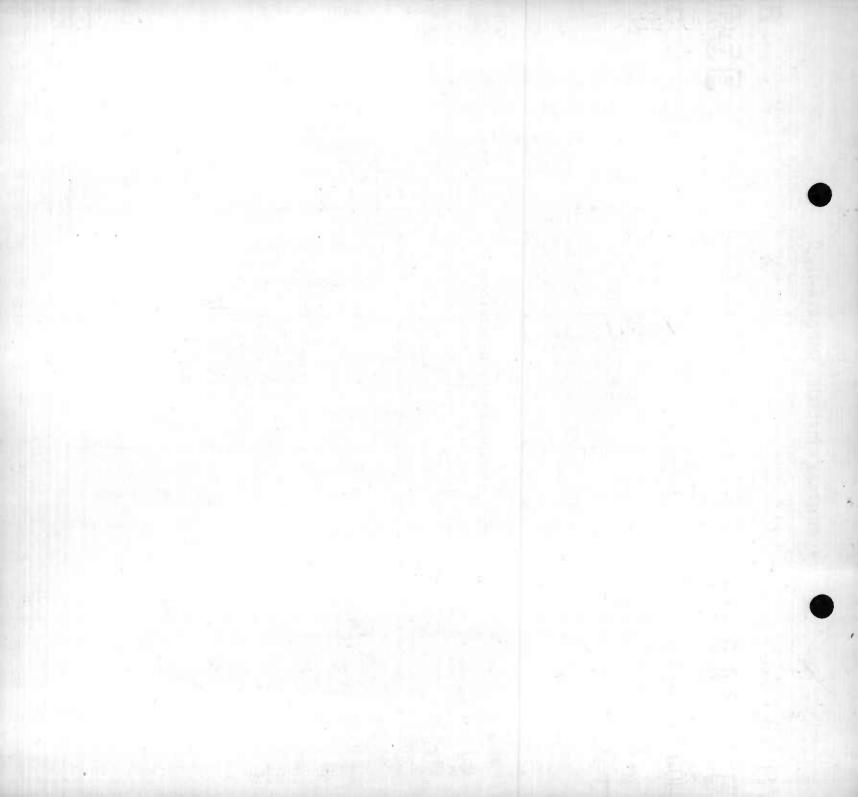
	4-500 70 4	BALTIMORE CITY	HEALTH DEPARTMENT		76 4587		
811	ITH NO.	CERTIFICA	TE OF DEATH	REG. NO.	4007		
	PAME OF DECEASED pe or Print) HAM M 9 MATTI	F E.	2. DATE AND	HOUR OF DEATH	1 5:10 A		
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UNCED DEAD		deceased lived. Il instit	tution: residence before admission)		
FU	ILL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION	ISTITUTION, GIVE STREET	MD. CIS	CA .	2841		
IN	SHOTION		BALTIMORE		CITY LIMITS?		
3	SINAI HOS PITAI		E. STREET AND NUMBER	odbine	102		
5.	SEX 6. RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH 19.		If Under 1 Yr. , If Under 24 Hrs. Months: Days Hours Min.		
	F Black WIDON	MED X DIVORCED	3/7/00	70	Months Doys Hours Min.		
dor	LUSUAL OCCUPATION (Give kind of work 108, KIN de during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?		
			Va.		U.S.A.		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
	Peter Henderson		Luc	cy E. John	son		
15. (Ye	Was Deceased Ever in U.S. Armed Forces? s,no or unknown) (If yes, give war or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	no l	578206583	Evelvn Johnso	on 4031	Hilton St.		
	1.250,41	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			20+1/-	1		
	(This does not meen the mode of dying, e.g.,						
	heart foilure, osthenia, etc. Il means the disease, injury or complication which caused death.)						
	ANTECEDENT CAUSES	Nypei	Tensery arterior	closet Cor	wednesd 35		
	DISEASES OR CONDITIONS, il any, gi	A CONSEQUENCE OF:	des	yes.			
	rise to the above cause (A) stating UNDERLYING CONDITION last.	to . III month past . 3 months					
	II	(0)	Mur	26000 - 1 - 6)		
NOI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG	1 10	rotates ing	accen		
CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************					
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A- AUTOPSY? (Yes or No)	208, IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED ES OF DEATH?		
MEDICAL C	21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	21& PLACE OF INJURY (e.g., in home, torm, foctory, street, of otc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(II In Boltimore C	City, give exact location)		
EDI	21 D. TIME (Manth) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21 F. HOW DID INJUR	Y OCCUR?			
2	(APPROX.)	While At Work Not While At Work	° 🗆				
	22. I certify that (i) (this hospital) attend	ed the deceosed fram	4 - 2) 19	70 to 5 -	2 19 70		
	that (I) (we) lost saw the deceased alive	pm.			on death occurred on the date		
	and haur ond from the causes stated abay	e. (1) (We) (dld) (dld not) v	lew the bady ofter deoth.				
	23A. SIGNATURE	10.5		23	R DATE SIGNED		
	geta your	DEGREE Phys	nding Med. Sh	off pys.	5-2-40		
	23C. PHYSICIAN'S NAME (Type) .		23D. ADDRESS				
	71TH YORRO	MDEGREE	SINA 1	HOSPI	town, or county) (Stote)		
244	KEMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LOC	ATION (City,	town, or county) (State)		
	Burial 4-6-70	Church Cemter		ooks, Va/			
25A	AY 4 1970 Vale & Jabe	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	/.Bailey	ADDRESS		
111	- 1310 Assess C' Harbs	2 0 0 0	Kelson F.H.	. 1348 Ca	alhoun Street		



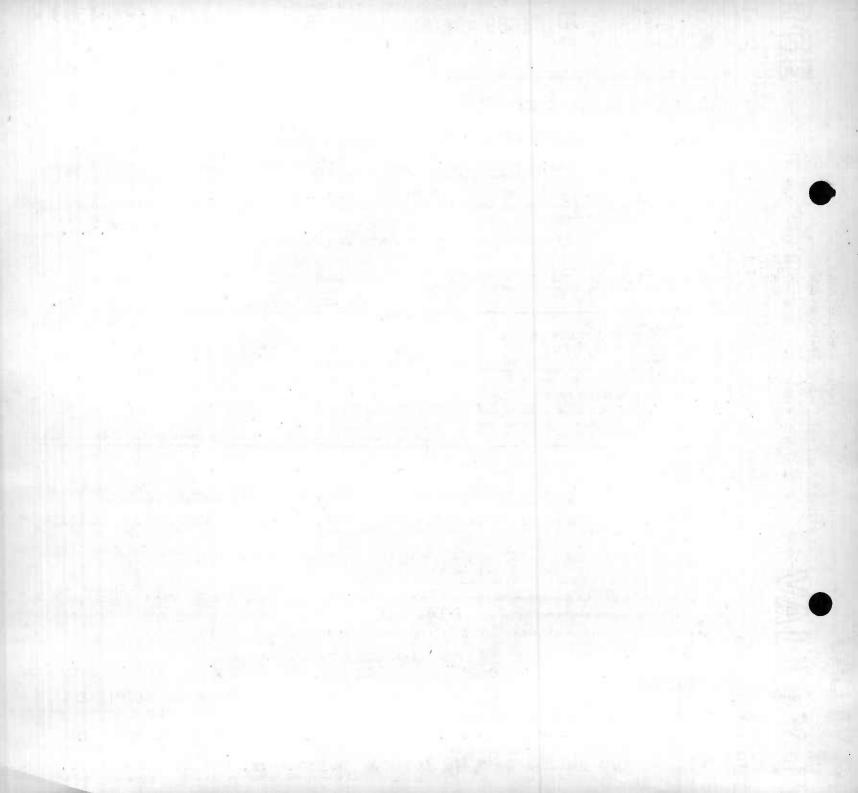
IMPORTANT

FUNERAL DIRECTOR:

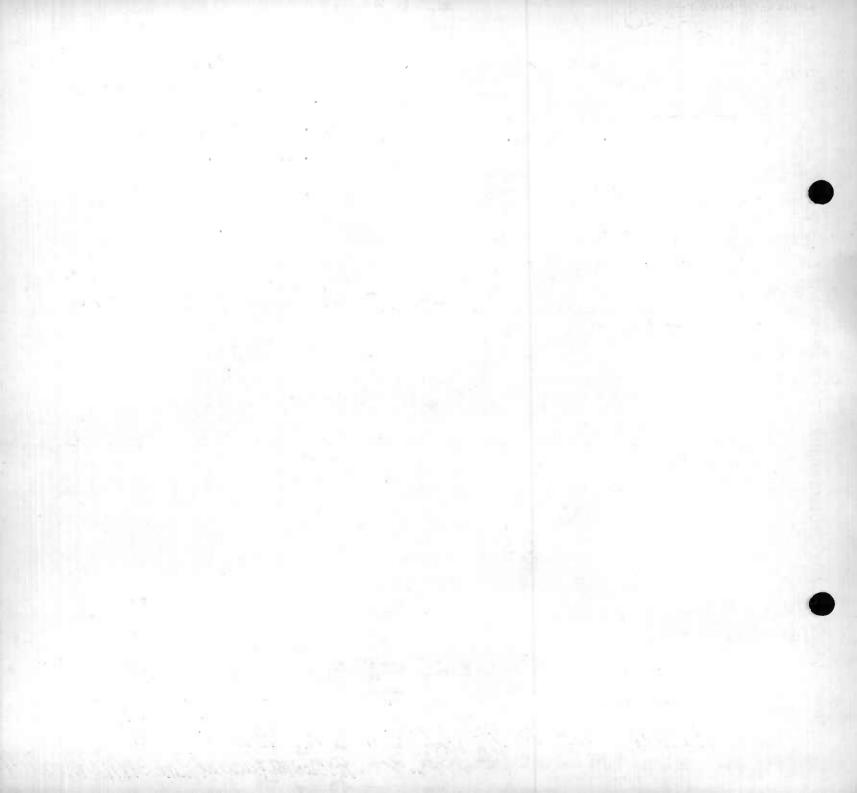
1) =			BALTIMORE CIT	Y HEALTH DEPARTMENT		70	4=00
10-50	50 70	4588	CERTIFICA	ATE OF DEATH	REG. NO	70	4588
BIRTH NO.					ND HOUR OF DEATH	1	
(Type or Print)	Vewman L	011-0	B		30.70		3. 55 6.
	ALTIMORE MARYLAND, V			4. USUAL RESIDENCE (WI	ere deceased lived. If i	institution: resid	dence before odmission)
				A, STATE 8. COU	INTY	1/2	- 201
FULL NAME OF	F (IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	MD.		15	38
NOITUTION				C. CITY OR TOWN	D. INS	SIDE CITY LIMI	
Lult	ean Hosp	sital.		Balto.		YES 🔽	NO L
46	-,			2505 Els	inora an	ve.	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1	Yr. If Under 24 Hrs. ays Haurs Min.
F	N	WIDOWED	DIVORCED	2.14.15	55	TWO IIIII S	110013
OA. USUAL OC	CUPATION (Give kind of wor	108. KIND OF	BUSINESS OR INDUSTR	1 11. BIRTHPLACE (State of fa		12. CITIZEN	OF WHAT COUNTRY
	of warking life, even if retired)	1		3.6.1		11 0	3 1
Housewi				Md.		0.5	S.A.
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN NA	AME		
Willi	am Cook			Julia Rai	mson		12000
5. Was Decease	ed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		A	DDRESS
	vn) (If yes, give wor or date	es of service)	SECURITY NO.	Camp I diana III	i alabas dans	1 1012	Kathland
no				Geraldine F	reuer-dans	-	
18. /6	2.11		CAUSE OF DEA	TH			APPROXIMATE INTERVAL WEEN ONSET AND DEATH
DISEA	ASE OR CONDITION DI	RECTLY			. 1		
	LEADING TO DEATH		(A) IMMEDIATE CA	USE Karcinomo	of dung	1	4.22.70
	nal mean the made of a, asthenio, etc. Il meons		DUE TO, OR AS	A CONSEQUENCE OF:	con danies		1
	mplication which caused			with sec	ion a aries		1
	ANTECEDENT CAUSES					17	+ 30.70
DISFASES	OR CONDITIONS, if	ony giving	DUE TO, OR A	S A CONSEQUENCE OF:			
	he abave cause (A)						
UNDERLYIN	NG CONDITION last.		(c)	***************************************	*		
	- 1						
O OTHER SIGN	IFICANT CONDITIONS CO						
	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR			***************************************			
19A. DATE C	F OPERATION 198. CON	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes ar	20B. IF YES, WERE	FINDINGS CO	ONSIDERED
19A. DATE C	WAS PER	FORMED			IN CERTIFYING CA	AUSES OF DEA	AIM
U 21A. ACCID	ENT WAS UNDERLYING	218.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If In Baltima	ore City, give e	exact location)
OR CONTRIE	BUTING CAUSE OF fy medical examiner	ham etc.		office bldg., INJURY OCCUR?			
U							
21 D. TIME OF INJURY	(Manth) (Day) (Year)		INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?		
(A PPROX)		Whi	ile At Nat Whi				
22 1	u aboa (IX/abla bassias			+ . 22 .	1970 to 4	. 30	1940
22. I Certif	y that W(this haspito	i) offended fi	H. 20				
that (I) (ye	10st saw the decease	ed olive an		19 7 0 and 1	that in (my) (gor) ap	Inion death	accurred on the date
and hour or	nd from the causes sto	ted abave. (I) (We) (did) (did hat)	view the body after death	•		
23A. SIGNAT	TURE					23B, DATE S	
11.0	Krang	M.	FA Dh	vending Med. Director	Staff Phys.	H	30 70
23C. PHYSICI	IAN'S		DEGREE	23D. ADDRESS D IT O.			
NAME	(Type)	- 0	47	MIN	ran Hosp	The sale	0-1
	P. G. NAN		M · D	930 ashbu	upon st.	1346	C6
AA. BURIAL CR	(Specify) 24B. DATE	24C. N	AME of CEMETERY or CE	REMATORY 24D.	LOCATION	City, tawn, ar c	county) (State)
		U	rver Mem.	Park	Laurel Me	marland	4
Burial	L 5-4-70 D BY HEALTH DEPT.	258. NAME C		25C. FUNERAL DIRECTO	Laurel, Ma	iry ranc	ADDRESS
REMAY A		- PICM	A10 etc.		H	Λ.	
MAY 4	HAN Wake 5 &	Kalley	F64	Kenneth La	.W 3503 e1	wym At	ve.
/S 150-PEV 1/1	/6R						



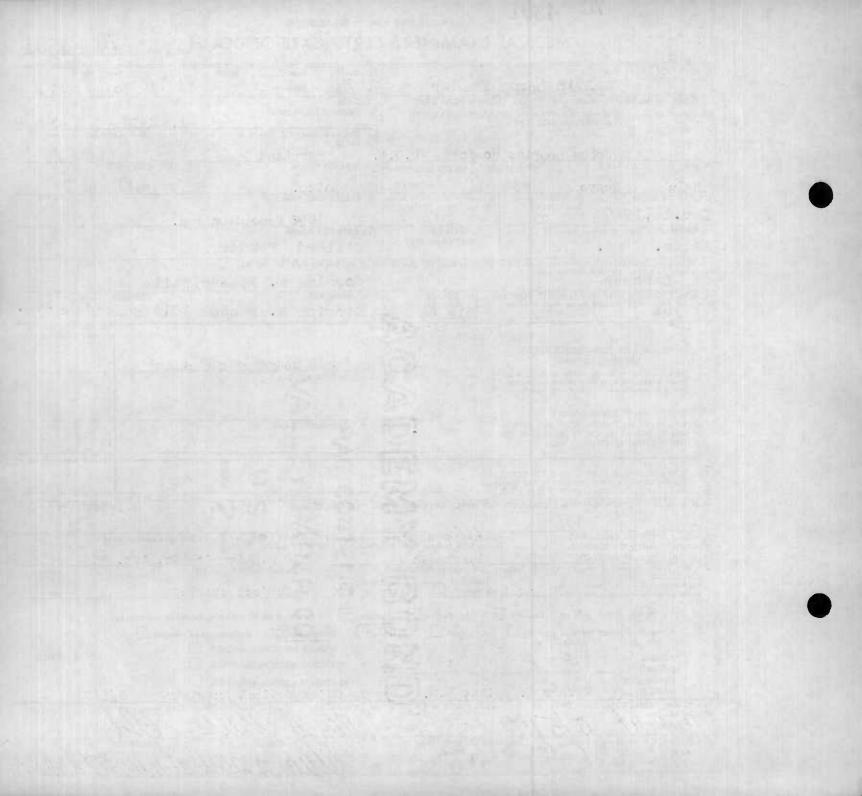
7 .2. "		BALTIMORE CIT	Y HEALTH DEPA	RTMENT		70 1580		
IRTH NO. 964-10	458	9 CERTIFICA	ATE OF D	EATH	REG. NO	4303		
NAME OF DECEASED ype or Print)	× 3			2. DATE AN	D HOUR OF DEATH	1		
		DRES CARTER	Ha neman pera	5-2	-70	1/a		
PLACE IN BALTIMORE, MARY	LAND, WHERE PR	ONO UNCED DEAD	A. STATE	B. COUN	TY	institution; residence before admis		
DSPITAL OR ADDRESS	OR LOCATION	ISTITUTION, GIVE STREET	C, CITY OR TOV		BALTIN	SIDE CITY 259		
STITUTION				IMORE	D. IN:	YES NO		
33 THE JOHN	S HOPKII	NS HOSPITAL	E. STREET AND			100		
		II ever in	2380	SEAMO	N AVENUE			
SEX 6. RACE	7. MAR	RIED NEVER MARRIED	B. DATE OF BIR		ast birthdoy)	If Under 1 Yr. If Under 24 Manths Days Haurs Mi		
FEMALE NEGE			5-11-6		3			
LUSUAL OCCUPATION (Give keed during mast of working life, even		D OL BOZINEZZ OK INDOZIK		(State or foreig	gn country)	12. CITIZEN OF WHAT COU		
CATILIPACE NIAME			Md.			U.S.A.		
FATHER'S NAME	VO			14. MOTHER'S MAIDEN NAME SANDRA CARTER				
DAVID BC		16. SOCIAL	17. INFORMANT		CARIER	ADDRESS		
s, na ar unknawn) (If yes, give w	ar ar dotes of serv	SECURITY NO.			22.40			
no		CAUSE OF PEAN	Bandra	Carter	2380	Seamon Ave.		
DISEASE OR CONDI	TION DISECTIV	CAUSE OF DEA	IH			BETWEEN ONSET AND D		
LEADING TO		(NIMA EDIATE CA	LAN	LDIAL	ARREST			
(This does not meon the heart failure, asthenio, etc.			A CONSEQUENCE	OF:				
injury or complication which		suse,	0	(1)	NG SEPSI			
ANTECEDENT	CAUSES	(B)			110 38-31			
DISEASES OR CONDITIO		ving DUE TO, OR A	S A CONSEQUENC	E OF: CYTO PE	20110 -			
UNDERLYING CONDITION		(c)				XTC LEZLKHMIA		
OTHER SIGNIFICANT CONDITI	ATED TO THE TERMI							
19A. DATE OF OPERATION	198. CONDITION	FOR WHICH OPERATION	20A. AUTOPS	Y? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?		
2	WAS PERFORMED		YE.	3	IN CERTIFYING CA	AUSES OF DEATH?		
21 A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS DEATH (natify medical examin	E OF	218. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	in or about 21 C. W affice bldg., INJUR	HERE DID Y OCCUR?	(If in Boltimo	ore City, give exact location)		
21 D. TIME (Manth) (Doy OF INJURY) (Year) (Haur)	21E. INJURY OCCURRED	21 F. H	OW DID INJ	JRY OCCUR?			
(APPROX.)		While At Not Wh	ile 🔲					
22. I certify that ((1) (this	haspital) attend	led the deceosed from	MARCH	.1	9 70 to M	A4 2 19.7		
that (1) (we) last sow the		A .				Union dooth occurred on the		
and hour and from the cou	ses stoted obo	ve. (1) (We) (did) (did not)	view the bady o	fter deoth.				
23A. SIGNATURE	n	O MIP AH			/	23B, DATE SIGNED		
Ke	2 // Oid	engand DEGREE Ph	ys. D		Staff Phys.	May 2,197		
23 C. PHYSICIAN'S NAME (Type)	2		23D. ADDRESS	.0	1100141110	HOCDITAL		
	EE NIEDE	DEGREE				HOSPITAL		
REMOVAL (Specify)		C. NAME of CEMETERY OF CE				City, town, or county) (Sta		
	1 -5-70	New Catheral				, Maryland		
DATE REC'D BY HEALTH O	Be & E. Va	ALE OF REGISTRAR		n F	V. Bailey	Calhoun St.		
1910	7	72 02	1 1 е т 3 с	11.1.13	1,740	oalioui Do.		



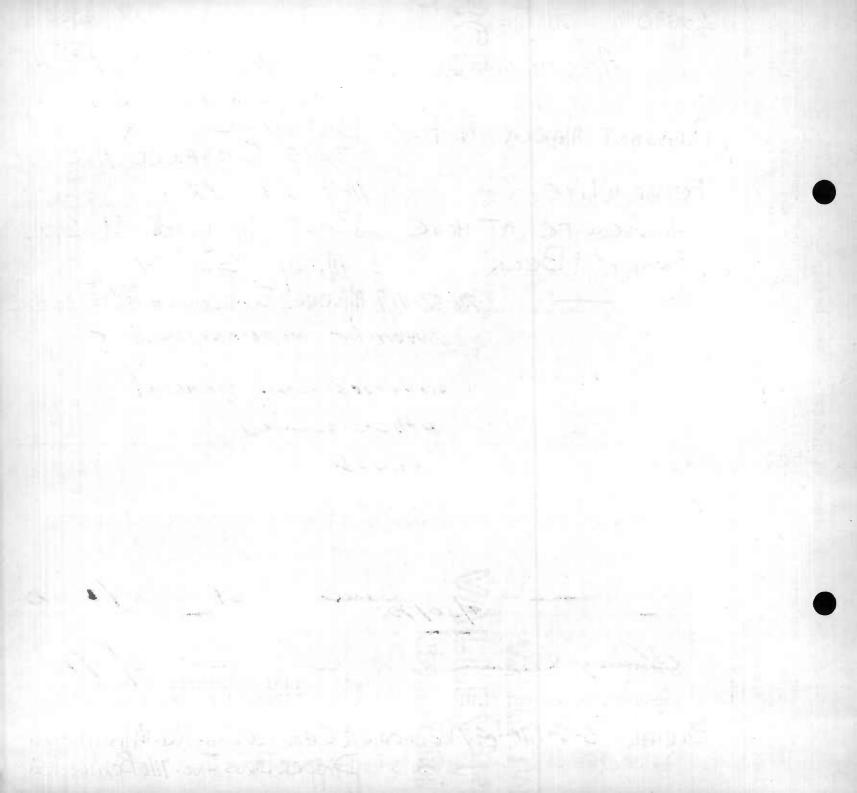
	7 10	45-16	BALTIMORE CITY	HEALTH DEPARTMENT		1710		
1-52() "	4500	CERTIFICA	TE OF DEATH	REG. NO	70	4590	
NAME OF DEC		Thomas		2. DATE Apri	11 30,1970		2130 P. M.	
PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (W		institution; resi	dence before admission)	
ULL NAME OF	(IF NOT IN HOSPI' ADDRESS OR LOC	TAL OR INSTITUT	TION, GIVÊ STREET	Md.	* 7	VSIDE CITY LIM	8 0 /	
	0 33 4 11	- 1		Balto.		YES A	NO 🗌	
) 0 118 N. Amity St.				E. STREET AND NUMBER 118 N. Amity St.				
SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under I	Yr. If Under 24 Hrs.	
Female	Colored	WIDOWED	DIVORCED	June 2,1892	lost bitthdoy)	Totolinis D	roy's Hours Ivail.	
	working life, even if retired)	k 10B, KIND OF	BUSINESS OR INDUSTRY	Sykesville		12. CITIZE	N OF WHAT COUNTRY?	
FATHER'S NA				14. MOTHER'S MAIDEN N			-	
James	Thomas			Ida ?				
. Wos Deceased	Ever in U. S. Armed Fo	rces?	6. SOCIAL	17. INFORMANT		-	ADDRESS	
es, no of unknown	(If yes, give wor or dot	es of service)	917-57- 4982)	Betty Thoma	as 27055	os Ilma	u Rd.	
18. // /	2 /		CAUSE OF DEAT	Н	1000		APPROXIMATE INTERVAL	
TOISEAS	SE OR CONDITION D	RECTLY		10	λ		TWEEN ONSET AND DEATH	
	LEADING TO DEATH		(A)IMMEDIATE CAL	E ARDIO VASC	ular DISE	ASE		
	ol meon the mode of asthenia, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:				
	aplication which cause		1					
	ANTECEDENT CAUSES	S	10 HRT	ERIOSELCI.	20515			
DISEASES C	OR CONDITIONS, if	ony, giving		A CONSEQUENCE OF:				
	e abave cause (A) G CONDITION last.	stating the	(0)					
ONDERETING	5 CONDITION IUSI,		(C)					
TO THE DEAT	FICANT CONDITIONS CO THE BUT NOT RELATED TO	THE TERMINAL	CERE	BROL Dec	DENT			
	OPERATION 198. COI WAS PE		HICH OPERATION	20A. AUTOPSY? (Yes of	No) 20B. IF YES, WER	E FINDINGS OF DE	CONSIDERED EATH?	
OR CONTRIBL	NT WAS UNDERLYING [JTING CAUSE OF medicol exominer)	21 B. P home etc.)	PLACE OF INJURY (e.g., form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltin	nore City, give	exoct locotion)	
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)	While	INJURY OCCURRED R At Not Whi		NJURY OCCUR?			
		Work		2/20	10/10	1/22	72	
	that (I) (this haspite		e deceased from/	1970 ond	1969 to 4	t fato	occurred on the dote	
	lost saw the deceas		(M-) (1:1) (1:1)	view the bady ofter deoth		priiraii deoiii	occurred on the dose	
23A. SIGNATU		red obave. (1)	(me) (ala) (ala not)	riew the bady offer deoff	1.	23B. DATE	SIGNED	
h	#/-//	Blente		ending Med. Director	Staff Phys.	mz	11.1940	
23 C. PHYSICIA NAME (T		RAN	EIE O	23D. ADDRESS 2	Judio	and a	Riotik.	
4A. BURIAL CRE	MATION, 24B. DATE	24C. NA	ME of SEMETERY I CR	EMATORY 240.	LOCATION	(City Ash. I	county) (Stote)	
BILLIA I	5/4/	70 9/1	Millan	n Poin.	Ballo	Y/h		
MAY 4	1970 Case	25B. NAME OF	BEGISTIAN OF A	25C. FUNIFICA DIRECT	uneral Am	113191	Belsocher &	
S 150-PEV 1/1/	6.R	1		1100001110	The state of the s	W-11/1	4-11-01-01-01-01	



70 4591	LTULODE CITY LIEALTH	DF0 4 DT1 451 IF				
14-506	LTIMORE CITY HEALTH				100	. 0
MEDICAL EXA	WINER'S CER	TIFICATE OF	DEATH	REG. NO.	70	4593
1. NAME OF DECEASED	2. D	ATE Known	Month	Doy	Yeor	Hour
(Type or Print) Melvin Leroy Pen		OF Estimoted	5	1	70	5:43 a
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD 3. D	ATE	Month	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET PE	RONOUNCED DEAD	Mav	1 1	970	5:43 a
OR INSTITUTION	S. US	UAL RESIDENCE (When	e deceased liv	d. If institutio		
Johns Hopkins Hospit	al D.O.A	Marvland		COUNTY	16	01
		TY OR TOWN		D. INSIDE C	ITY LIMITS?	
Male Negro WIDOWED	DIVORCED 🔲	Balto.		Y	ES 🖺 N	NO
[lost hirthdoy) Months	1 Yr. If Under 24 Hrs. E. ST Doys Hours Min.	REET AND NUMBER				
Dec. 18, 1946 23		1014 Edmo	ndson A	ve.		
11. BIRTHPLACE (State or foreign country) 12. CITIZ	T 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ATHER'S NAME				
Darto. Mu.	W-		nder			
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSI done during most of working life, even if retired)						
Laborer			ender	White		
(Yes, no or unknown) (il yes, give wor or doles of service)	SECURITY NO.	NFORMANT	200200		DDRESS	Jan Ave
yes / 21	- 10 000	orrine M. 1	ender.	1014		
E 766 XI	CAUSE OF DEATH					ROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
(This does not mean the mode of dylna, e.g.,	(A) IMMEDIATE CAUSE DUE TO, OR AS A CO	Stab wound	of the	chest		
heart foilure, osthenio, etc. Il meons the disease, injury or complication which coused death.)	, , on 23 2 C	ON SEQUENCE OF:				
AND THE PROPERTY OF THE PARTY O						
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	(B) DUE TO, OR AS A C	ONSEQUENCE OF:				
RISE TO THE ABOVE CAUSE (A) STATING THE						
<u>Z</u>	(c)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHI						
O THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************					
20A. DATE OF OPERATION 20B. CONDITION FOR WHI	CH OPERATION WAS PER	REFORMED			21. AUTOP	SY? (Yes or No
02						YES
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, for	E OF INJURY (e.g., In or on, factory, street, office bldg.,	bout 22C. WHERE DID	(If In Boltimore	City, give ex	oct location)	521
UTING CAUSE OF DEATH. Apa	rtment		Aisquit			501
OF INITIRY	IJURY OCCURRED	22F. HOW DID IN	JURY OCCU	??		
(APPROX.) 5 1 70 4:30 mg WHILE	AT NOT WHILE	XX Subje	ct stab	bed		
23.						
	spection Autops			_		
resulted fram: Natural causes Accid	ent Suicide		Undetermine	d manner (
ACTUAL MUSICAL	Jell'	CHIEF MEDICAL		=	t	DATE SIGNED
SIGNATURE	M.D	ASSISTANT MEDICAL		_		
EXAMINER'S V NAME (Type) Werner U. Spitz,	M.D. Deputy	Chief Medical		l iner	5/1/	70
24A, BURIAL CREMATION, 124B, DATE 124C N.	Dopacy		~ T HVCM	444	1/1/	
REMOVAL (Specify)	AME of CEMETERY or CRE	EMAJORY 24D,	LOGATION		n, or munty)	(Stote)
	AME of CEMETERY OF CRI	EMAJORY 24D			May (
25A. DATE REC'D BY HEALTH DEFT. 258 NAME OF	alto. Ha	tional /	LOGATION	(City, town	Tel-	
25A. DATE REC'D BY HEALTH DE T. 25B NAME OF	alto. Ha	24D, 25C. FUNERAL DIRECT	LOGATION	(City, town	DDRESS	
25A. DATE REC'D BY HEALTH DE T. 258 NAME OF MAY 4 970 St. 1/1/68	alto. Ha	tional /	LOGATION	(City, town	Tel-	



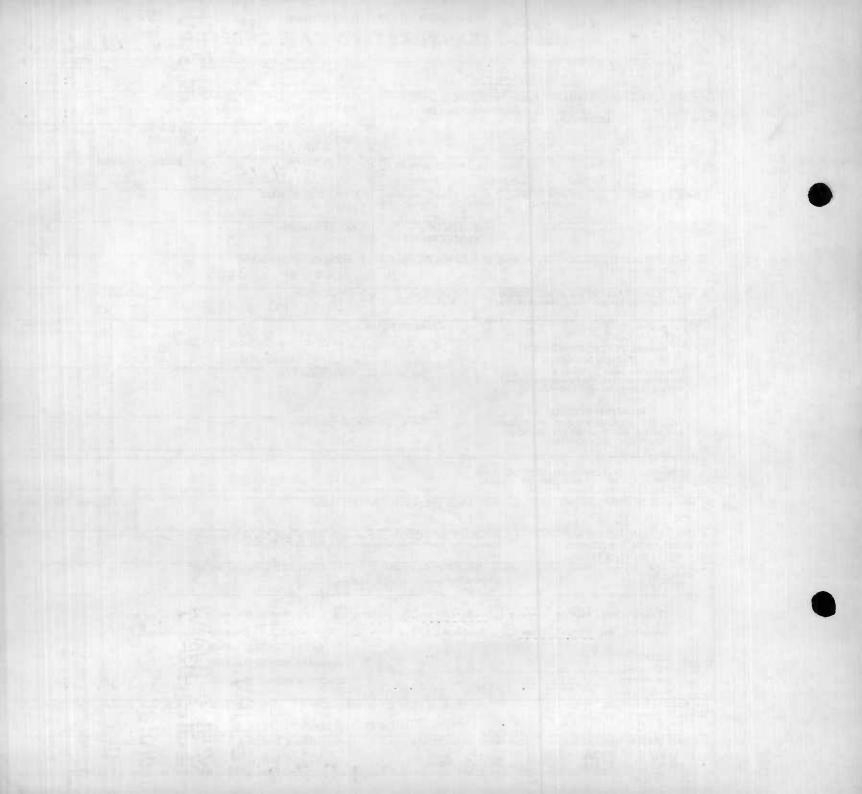
١.	1 100	BALTIMORE CITY	HEALTH DEPARTMENT		70 4500
BIF	ah No.	92 CERTIFICA	TE OF DEATH	REG. NO.	4332
(Ту	Poe or Print) ANNA	1. Leii	3en MA	HOUR OF DEATH	0 930 R.M
	PLACE IN BALTIMORE,"MARYLAND, WHERE PRO		A. STATE B. COUN	Type deceased lived. It inst	itutian; residence bafore admission)
H	OSPITAL OR ADDRESS OR LOCATION)	NH	C. CITY OR TOWN	00	E CITY LIMITS? YES NO NO
101	Leasani Manor	14. 11-	E. STREET AND NUMBER	DRHAND	o Ave
5.	FEMARE White WIDON		8. DATE OF BIRTH 11-9-87	9. AGE (In years lost birthdon)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
11	USUAL OCCUPATION (GiVe kind of work 10B, KIN e during most af working life, even if refired)	T HOME	11. BIRTHPLACE (Stote or fore)	AQ ULAND	12. CITIZEN OF WHAT COUNTRY?
13.	FRANK Bec	K	14. MOTHER'S MAIDEN NAM	SMIT	+1
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no runknown) (II yes, give wor or dates of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT	JiO Day V.A	ADDRESS.
	18. DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	plar-meph	roschus	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Chis daes nat meon the mode af dying, heart failure, asthenio, etc. II means the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gi	e.g., DUE TO, OR AS A	SE A CONSEQUENCE OF: (10 S C LUNIO A CONSEQUENCE OF:	genera	1
	rise to the abave couse (A) stating UNDERLYING CONDITION lost.	the (AThe	re school	<u> </u>	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).		LED .	0	
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	OB. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, lorin, foctory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
MEDI	21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work Not Work		URY OCCUR?	/
	22. I certify that (I) (this itel) attend that (I) () lost saw the deceosed alive			19 67 to of In(my) (mu) opini	on death occurred on the date
	ond hour ond from the couses stoted obov		iew the body ofter deoth.	1:	23B. DATE SONED
	Chrony Sten	DEGREE Phys		Staff Phys.	5/2/70
	ParveyS. Feuerman,		1401 1	Reisterstov ville, Mar)	
24/		C. NAME OF CEMETERY OF CRE			, town, or county) (State)
25	A. DATE REC'D BY HEALTH DEPT. PAGE &	MEDELARGISTRAR	25C. FUNERAL DIRECTOR	205, INC. 71	10 Belair Rd
1/5	150 DEV 1/1/40				



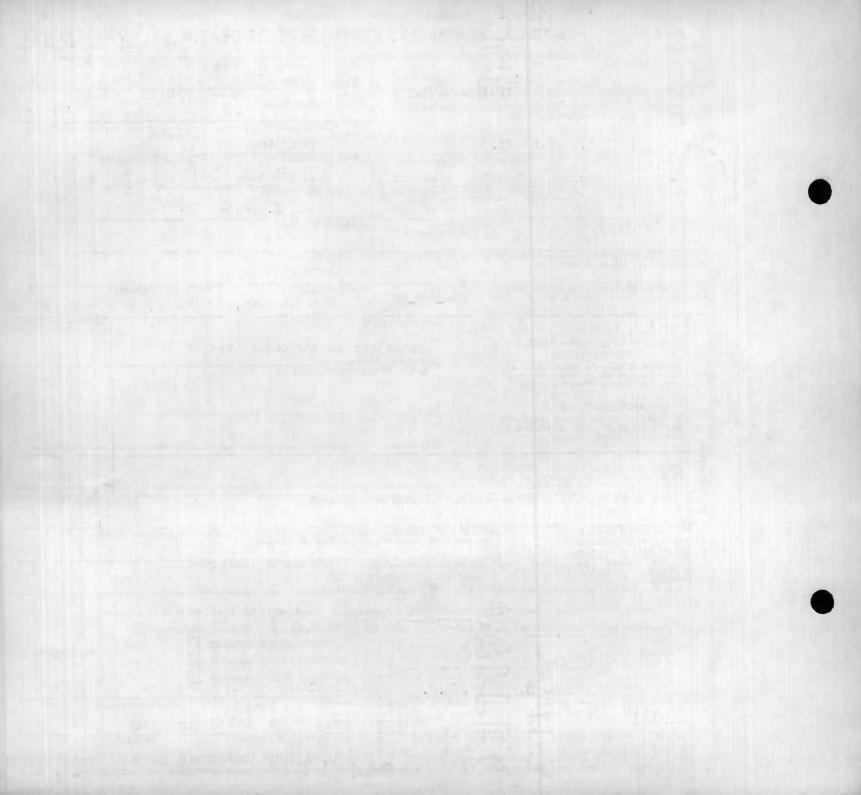
VS 151-REV. 1/1/68

Adolphus Halstead 1206 W

orth AVe

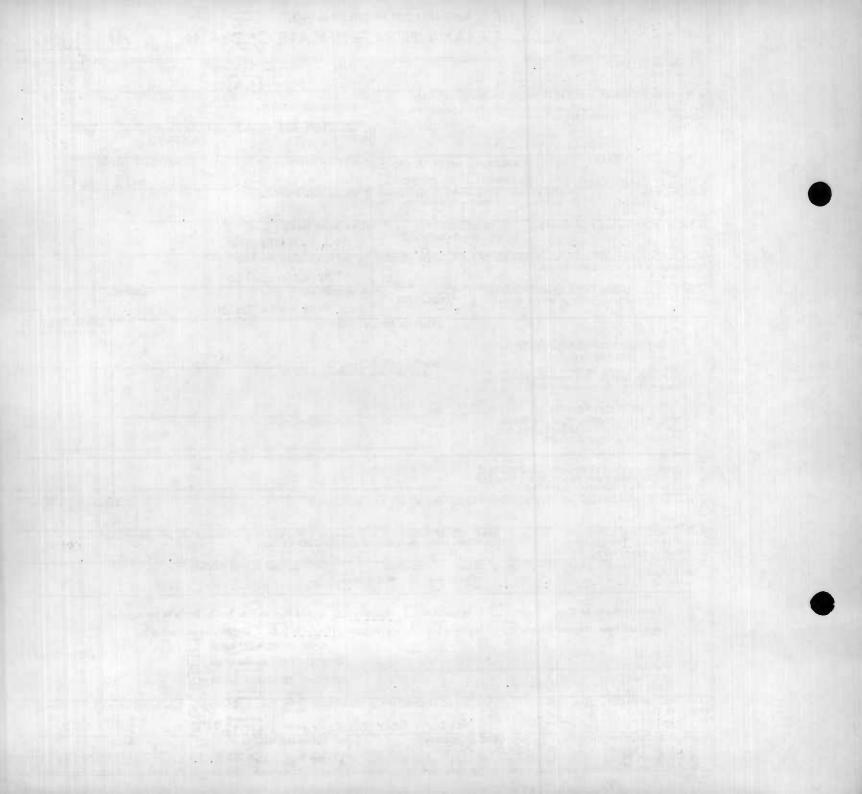


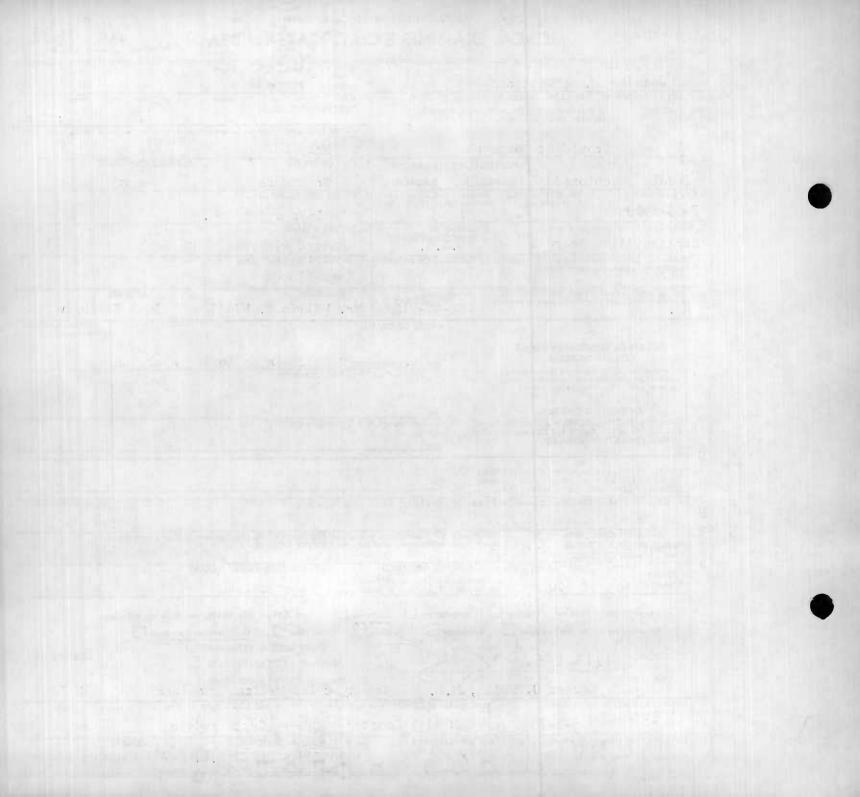
6	11==11==	IEALTH DEPARTMENT						
/	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 4594						
1.	NAME OF DECEASED pe or Print) John McCready	2. DATE Known A Month Doy Year Hnur	=					
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Haur	M.					
HO	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 4 20 70 2:25 p.	M.					
4	0 417 S. Dallas St.	5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	,					
6.	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	_					
0 1	male colored WIDOWED DIVORCED DATE OF BIRTH 10.AGE (In years E Under 1 Yr. 11 Under 24 Hr.							
	1892 lost birts (months Days Hours Min	E. STREET AND NUMBER 417 S. Dallas St.						
11.	BIRTHPLACE (State or foreign country) Maryland Maryland Maryland Maryland Maryland	13. FATHER'S NAME	_					
14A don	USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTI aduring most of working the, even if relired)	ry 15. MOTHER'S MAIDEN NAME Cordelia	_					
16. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? , no or unknown) (II yes, give wor or dotes of service)	The state of the s						
	19. 4 / CAUSE OF DE	ATH Water 100 Md APPROXIMATE INTERVA	AL					
Н	DISEASE OR CONDITION DIRECTLY Arteri	iosclerotic cardiovascular disease						
	(This does not mean the mode of dulon as	CAUSE						
	(Inis does not mean the mode of dying, e.g., heart lollure, asthenia, etc. it means the disease, injury or complication which coused dooth.)							
	ANTECEDENT CAUSES							
Н	(5)	AS A CONSEQUENCE OF:						
7	UNDERLYING CONDITION LAST. (C)							
Ö	II		_					
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)-							
CER	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or No.))					
밁	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.	no						
EDIC	UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	, in or obout 22C. WHERE DID (if in Baltimore City, give exact location) ice bidg., etc.) INJURY OCCUR?						
	m. WORK AT	T WHILE WORK						
	23. I certify that I held an Inquiry Inspection X Ac	utopsy and that on this basis, death in my opinion	_					
	resulted from: Natural causes Accident Suici	de Homicide Undetermined manner						
	ACTUAL MAN, ALL SUB	CHIEF MEDICAL EXAMINER DATE SIGNED						
	SIGNATURE M.I	D. ASSISTANT MEDICAL EXAMINER						
	NAME (Type) Werner U. Spitz, M.D.	Deputy Chief Medical Examiner 4/21/70						
24A REA	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		-					
	Burial 5/26/70 M ¹ Aubur	n Cemetry Baltimore Md						
25 A	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS	-					
	MAY 4 1970 Cobert & Jackey 120	Adolphus Halstead 1206 W north A	1 .					
VS	51-REV, 3/1/68							



VS 150-REV. 1/1/68

ę





NOT WHILE

Autopsy X

24C. NAME of CEMETERY or CREMATORY

Mount Auburn Cemetery

fell down steps

CHIEF MEDICAL EXAMINER

Deputy Chief Medical Examiner

24D. LOCATION

Baltimore.

ASSISTANT MEDICAL EXAMINER

Homicide

25C. FUNERAL DIRECTOR

MORTON & DYETT F.H.

and that on this basis, death in my opinion

Undetermined manner

(City, lown, or county)

ADDRESS

DATE SIGNED

(Stote)

5/1/70

Maryland

1701 Laurens Street

WHILE AT

Aceident X

258_NAME OF REGISTRAR

Inspection

7:00 p m. WORK

I certify that I held on Inquiry

NAME (Type) Werner U. Spitz,

5-5-70

resulted from: Natural causes

(APPROX.)

ACTUAL

24A. BURIAL CREMATION.

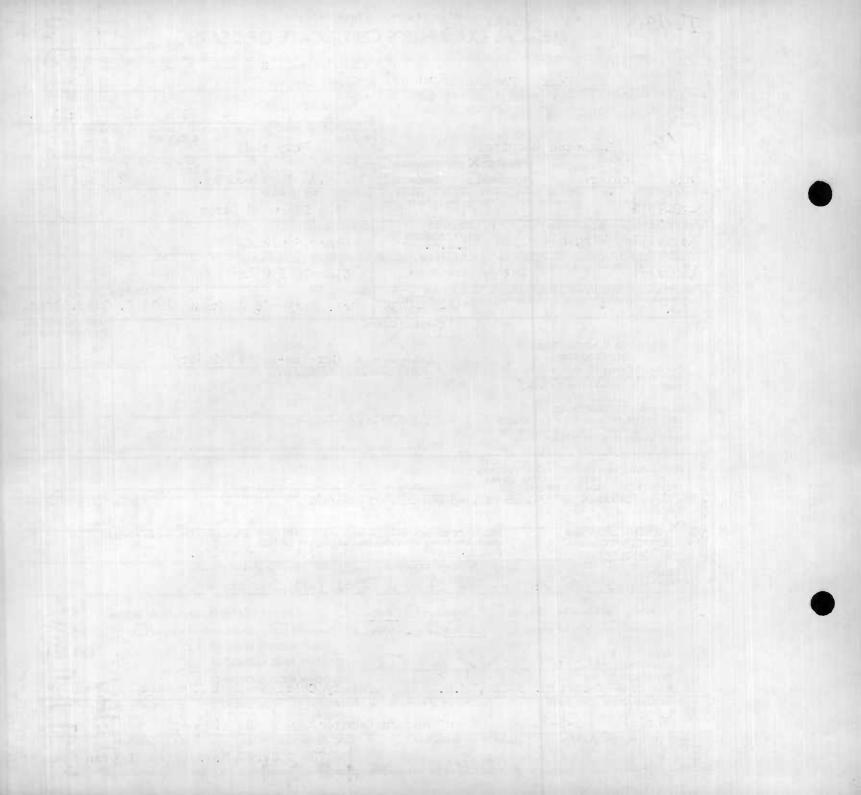
25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)
Burial

VS 151-REV. 1/1/68

SIGNATURE_ EXAMINER'S

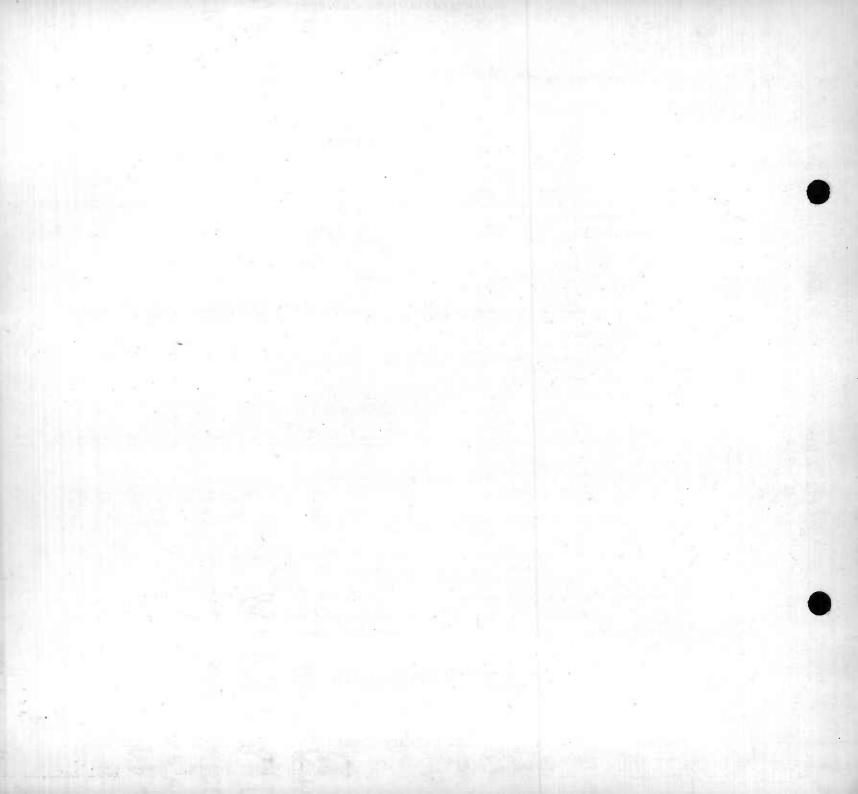
23.



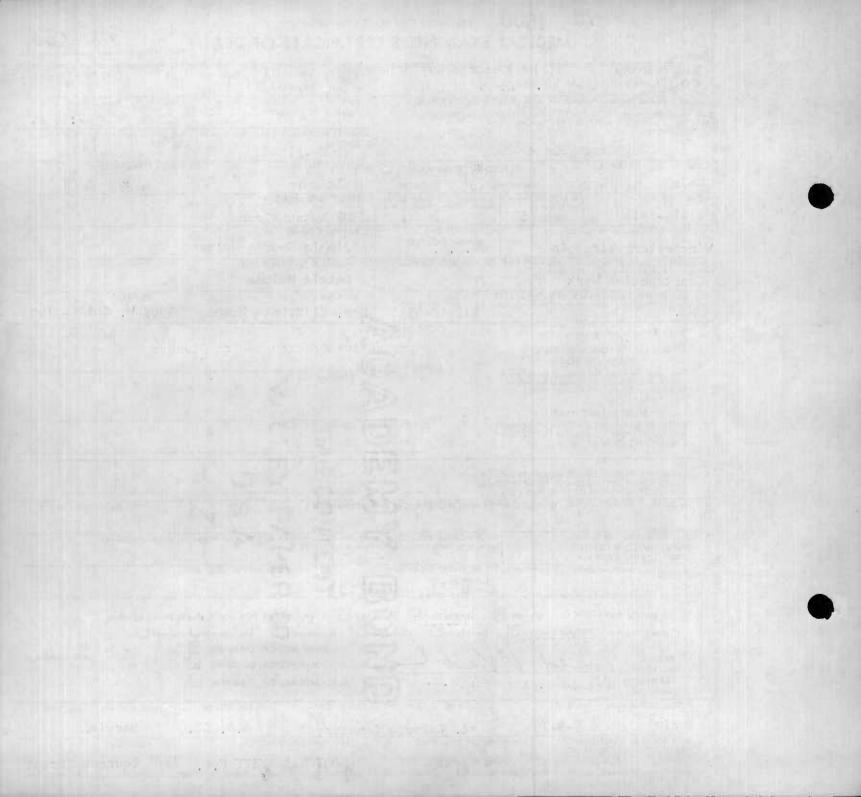
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 2. DATE AND HOUR OF DEATH 70 4. USUAL RESIDENCE (Where deceased lived, If inditiution; residence before admission) D. INSIDE CITY LIMITS? YES X NO 1721 W. Fayette Street 9. AGE (In years If Under 1 Yr. Manths: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? Baltimore, Maryland U. S. A. Felicia Rogers ADDRESS Mrs. Mary Rodgers 1721 W. Fayette St. BETWEEN ONSET AND DEATH KETINO BLASTONA 20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact lacation) 21 F. HOW DID INJURY OCCUR? and that in(my) apinian death accurred an the date 23B. DATE SIGNED 4/29/70 The Johns Hopkins Hospital 24D. LOCATION MORTON & DETT FUNERAL HOME 1701 Laurens St

VS 150-REV. 1/1/68

IMPORTANT DIRECTOR:



11-452 70 4600 BALTIMORE CITY HE	/0 400
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 4000
I, NAME OF DECEASED (Jimmy George Guy Holm	
(Type of Print) TTMAY C HOTMES	OF FILE
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimated M. 3. DATE Month Doy Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD April 29,1970 7:10 A.M.
OO 2207 Eutaw Place	S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland 8. COUNTY / 3 / 2
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years if Under 1 Yr. If Under 24 Hrs.	
11-15-1911 lost birthdoy) 58 Manths, Days, Hours, Min.	2207 Eutaw Place
11. BIRTHPLACE(State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME
Winchester, Virginia WHATCOUNTRY?	Jimmie George Holmes
14A LISUAL OCCUPATION (Give kind of work) 48, KIND OF RUSINESS OR INDUSTR	
dane during most of warking life, even if retired) Construction Work	Nettie Holmes
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT ADDRESS
(Yes, na ar unknown) (If yes, give wor or dates of service) SECURITY NO. 212-10-6371	Mrs. Elizabeth Holmes 3907 W. ColdSpring La
19. CAUSE OF DEA	
Holored 1	BETWEEN ONSET AND DEATH
	ensive Cardiovascular Disease
LEADING TO DEATH (This does not meen the made of dying, e.g., OUF TO, OR	
heort failure, osthenio, etc. It meons the disease, Injury ar camplication which caused de oth.)	AS A CONSEQUENCE OF:
injury di complication which course de only	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
Ō	no
Z2A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g.,	in ar about 22C. WHERE DID (If In Boltimare City, give exoct location)
UNDERLYING OR CONTRIB-	e bldg., etc.) INJURY OCCUR?
220. TIME (Manth) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F, HOW DID INJURY OCCUR?
OF INJURY WHILE AT THE NOT	WHILE []
23.	ORK L
1 certify that I held an Inquiry I Inspection X Au	topsy ond that on this basis, death in my opinion
resulted fram: Materal causes X Accident Suicid	
Accident Suicid	
ACTUAL A	CHIEF MEDICAL EXAMINER L
SIGNATURE MALE MALE	
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 4/29/70
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
Burial 5-4-70 Mt. Calvary	Cemetery A.A. CO., Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAY 4 1970 Table & Jacken Se B.	MORTON & DYETT F.H. 1701 Laurens Street
VS 151-REV. 1/1/68	4 5 5 6
	1/



Deputy Chief Medical Examiner

MORJON & DYETT F.H.

25C. FUNERAL DIRECTOR

24D, LOCATION

Catonsville

(City, town, or county)

ADDRESS

Maryland

1701 Laurens Street

Werner II.

5-5-70

24B. DATE

24A, BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify) Burial

VS 151-REV. 3/1/68

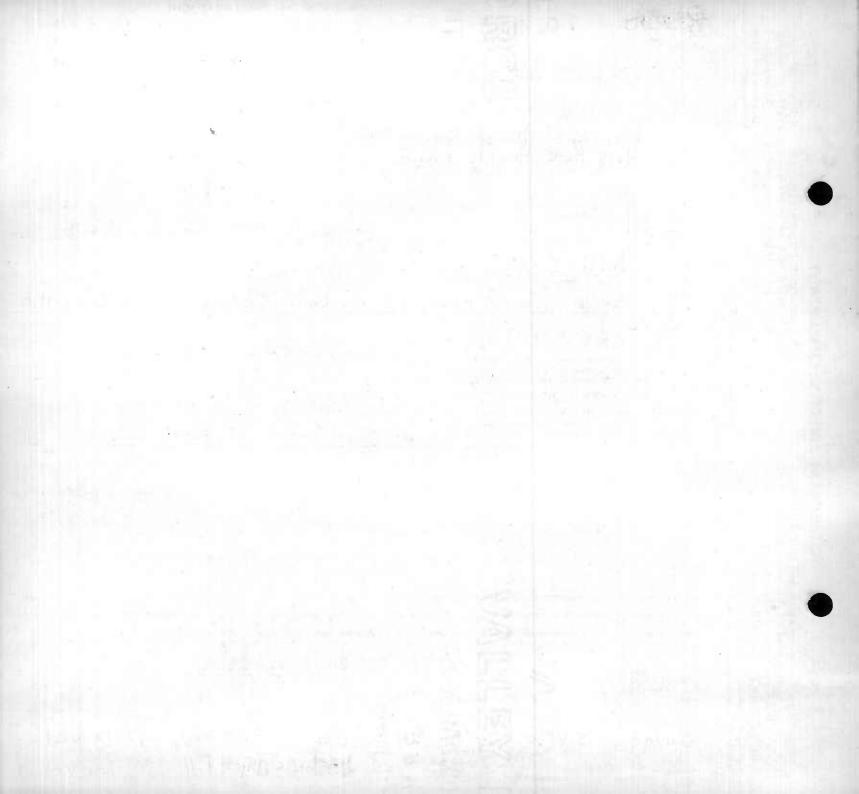
M.D

258, NAME OF REGISTRAR

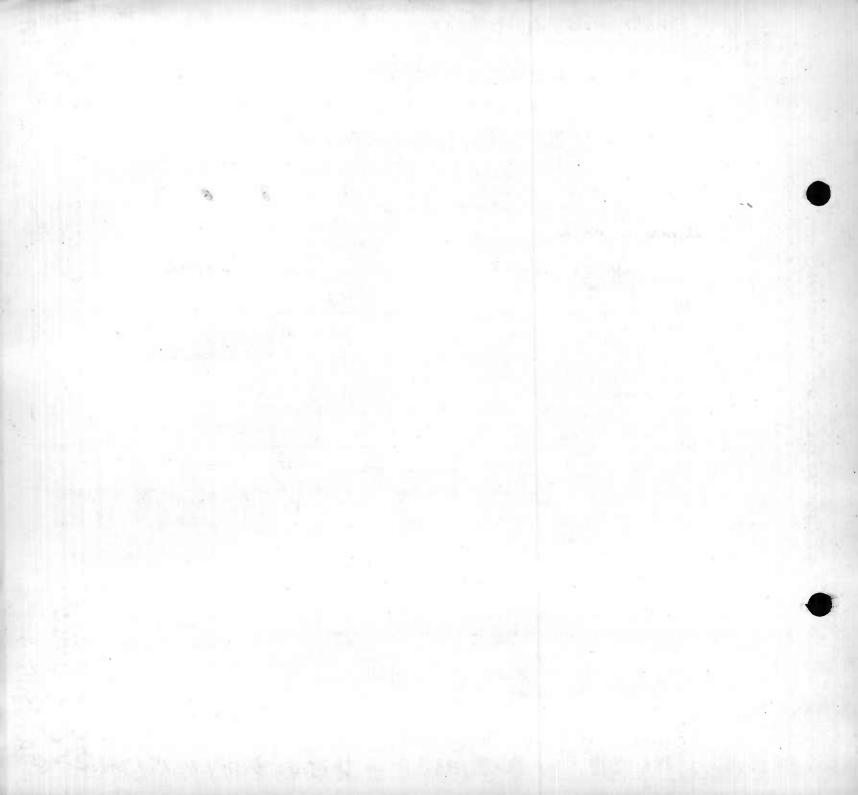
24C. NAME of CEMETERY OF CREMATORY

Western Star Cemetery

0			BALTIMORE CIT	HEALTH DEPARTMENT	Г	710		
	200	70 466)2 CERTIFICA	TE OF DEATH		7U 46U2		
Туре от	Print Spence	n Rice		. 4	and hour of death $-29-70$	11 Pm M.		
3. PLAC	E IN BALTIMORE, MAR	RYLAND, WHERE PRO	DNOUNCED DEAD	A. STATE 8. CO	Where deceased lived, If ins DUNTY	stitution: residence before admission)		
FULL N HOSPIT	AL OR ADDRES	IN HOSPITAL OR IN S OR LOCATION)	ISTITUTION, GIVE STREET	md 2 c. CITY OR TOWN	1216 D. INSIE	DE CITY LIMITS?		
	01.00	. 1 4	Mussias Ha	Balto		YES NO		
9	PLEASE		ior Dureing Ho	. 01	. /1			
-	16. RACE	Park Heig			INOR HUE			
s. sex	N	WIDO		6-20-189	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	JAL OCCUPATION (Give ing most of working life, eve		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12, CITIZEN OF WHAT COUNTRY?		
K	ctired			Johnsuille,	North Carolini	A U.S.A.		
3. FATE	IER'S NAME	0 .	A DESTRUMENT	14. MOTHER'S MAIDEN	NAME			
	W:11	Rice		SAllie	Kice			
Yes, no	Deceosed Ever in U. S. or unknown) (If yes, gife		1 6. SOCIAL SECURITY NO.	17. INFORMANT	-1	ADDRESS		
Ac	5 6/24/11	8 7/27/1	19 218-09-2817	Mrs. Hamie	Clowney 24!	11 Elsinor Are		
18.	DISEASE OR CONE	OITION DIRECTLY	CAUSE OF DEAT	Ĥ	,	APPRÓXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	LEADING TO	O DEATH	(A) IMMEDIATE CA	USE Corona	in OEllus	ca		
hea	s daes not mean the rt failure, asthenia, etc ry ar camplication whi	. II means the disc	e.g., DUE TO, OR AS	A CONSEQUENCE OF:				
	ANTECEDENT		0.11. 2	blant	John 1			
DIS	EASES OR CONDITI	ONS, if any, gi	ving (8)	A CONSEQUENCE OF	Meaning	May		
	rise to the above cause (A) stating the							
-	11	14 1031.	(c)					
	ER SIGNIFICANT CONDI							
A DISI	THE DEATH BUT NOT RE	VEN IN PART 1 (A).				***************************************		
CERTIFIC V 19 A	DATE OF OPERATION	198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes o	208. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH?		
T DEA	ACCIDENT WAS UND CONTRIBUTING CAU TH (notify medical exam	ISE OF	21 B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	ffice bldg., INJURY OCCUP	D (If In Soltimore	City, give exect location)		
		oy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?			
5	PROX.)		While At Not Whi					
22.	I certify that (I) (#hi:	s haspītal) attend	ed the deceased fram	4-17	19 70 to	4-29 1970.		
tha	(I) (we) last saw th	e deceased alive	an 4-18	19 70 and		nton death accurred an the date		
and	haur and fram the co	auses stated abov	e. (I) (We) (did) (did nat)					
23A.	SIGNATURE	1 1	0/1/20		16.1.15	238, DATE SIGNED		
	11/0	2. Scal	DEGREE AH	ending Med. Director	Staff Phys.	4-30-70		
23 C	PHYSICIAN'S NAME (Type)			23D. ADDRESS				
240 821	BIAL CREAMATION TO TO	DATE	DEGREE	EA4 A TORY	D. LOCATION			
	MOVAL (Specify) 248	B. DATE	C. NAME of CEMETERY OF CR	1	D. LOCATION (Cit	y, town, or county) (State)		
25A. DA	UT19 /	DEPT. 258 NA	DAITE, JUST L	25C. FUNERAL DIREC	DAMINOTE,	11Ary 19Ad		
JA. DA	MAY 4 1970	Cabert E.	a local May	HARTINE	Duett F. 4 1	nol LAGRONS SI		
/s 150-	REV 1/1/68			43010000	D 1 1 11.	101 Michigan		



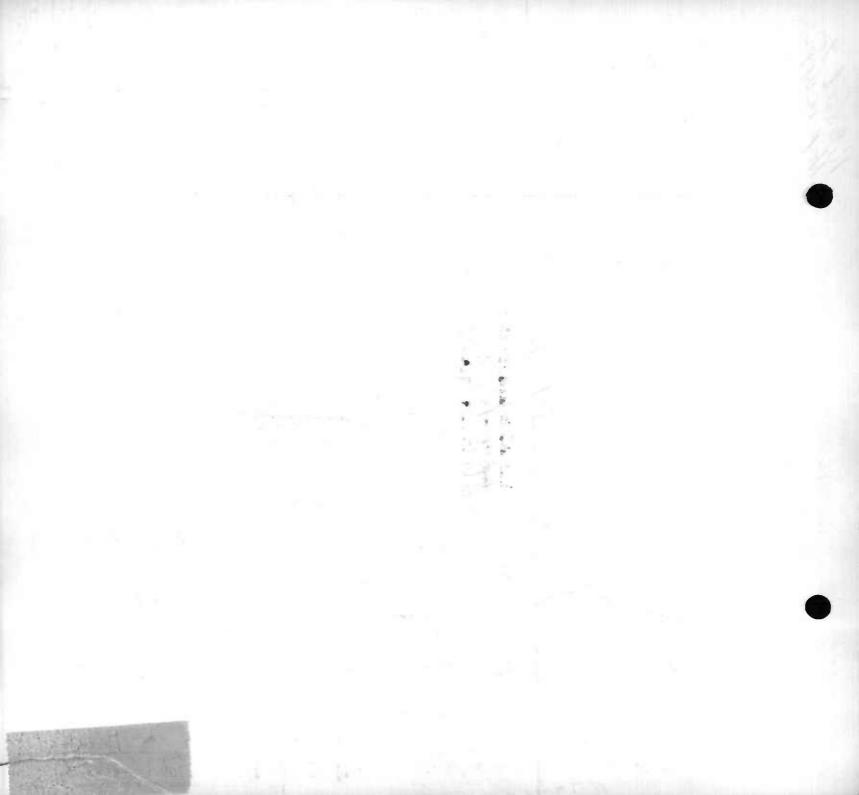
VS 150-REV. 1/1/6B



VS 150-REV. 1/1/68

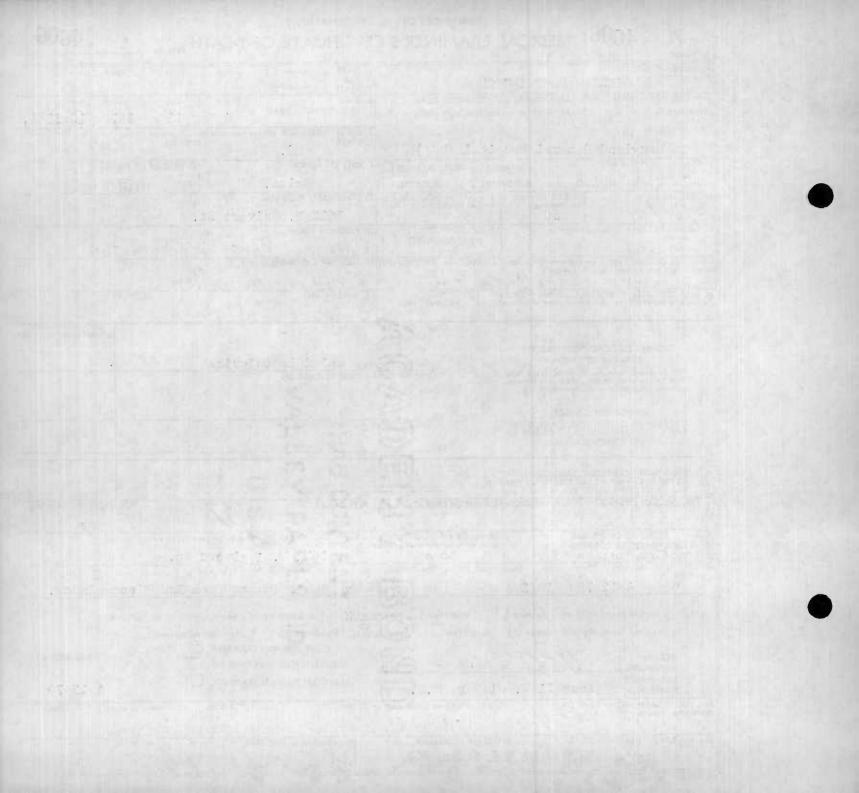


1			BALTIMORE CITY HEALTH DEPARTMENT 70 4605							
1	IRTH NO. 70	4605	CERTIFICA	TE OF DEATH	REG. NO.	4000				
113	NAME OF DECEASED Type or Print Benita M.	Perry.		2. DATE AND	HOUR OF DEATH	1945				
1122	PLACE IN BALTIMORE MARYLAND,		ED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If insti	itution: residenco beforo admissioni				
	PULL NAME OF (IF NOT IN HOS COSPITAL OR ADDRESS OR LC	PITAL OR INSTITUTION (CATION)	N, GIVE STREET	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
3/	Baltimore City N	osgitak.		Baltimore YES NO DE. STREET AND NUMBER 2311 Wichita Ale, Basement Aft						
5	SEX 6. RACE	7. MARRIED N	DIVORCED T	8. DATE OF BIRTH 9.	AGE (In yeors	If Under 1 Yi. If Under 24 Hrs. Months Doys Hours Min.				
d	OA. USUAL OCCUPATION (Give kind of woone during most of working life, even if relired	rork 108, KIND OF BUS	INESS OR INDUSTRY	Baltimore; A	n country)	12. CITIZEN OF WHAT COUNTRY?				
ī	- FATHER'S NAME	Scho	01	14. MOTHER'S MAIDEN NAM	4.3					
	Plbert K. ?			Bernice (Auston).					
0	. Was Deceased Ever in U. S. Armed es, no or unknown) (If yes, give war or d	oles of service) 6.	SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS				
	No.	100	-6 -		erry 3911	Wabash Are				
	DISEASE OR CONDITION LEADING TO DEAT (This does not meon the mode heart loiture, asthenia, etc. It mea injury or complication which caus ANTECEDENT CAUS	of dying, the graph of the district of deom.	(A)IMMEDIATE CAU	BETWEEN ONSET AND DE						
	DISEASES OR CONDITIONS, in ise to the above cause (A UNDERLYING CONDITION tast.	arhy, sintings	(B) DUE TO, OR AS	A CONSEQUENCE OF: So to Bodessel	hurn.	24.				
10.4	E ITO THE DEATH BUT NOT RELATED TO	ONTRIBUTE OF THE TERMINATE	gosci hle	aegiratión.	************************	***************************************				
Challed	IVA. DATE OF OPERATION 1198 CO	ERFORMED WHITE	-	20A. AUTOPSYZ (Yes or No.)	208. IF YES, WERE FIN	IDINGS CONSIDERED				
14.0	OR CONTRIBUTING CAUSE OF DEATH (notily medical examine)	home, lo	CE OF INJURY(e.g., ir rm, foctory, street, of	n or obout 21C/WHERE DID fice bldg., INDERY OCCUR?	(It in Boundore Chita Are	City, give exoct location) (2 1215				
44.6	OF INJURY	O SPR White At	URY OCCURRED Not White At Work	215, HOW DID INJU	lit her	elother with				
	22, I certify that (1) This hospit	of attended the de		4-3- 19		-1 19 70				
	that (1) (lost sow the decea		5-1-90	19 <u>70</u> ond that	in (my) (our) opinio	on death occurred on the date				
	and hour and from the causes stated above. (1) (We) (did not) view the body after death.									
	23A. SIGN ATURE	1)	mD Atte			3B. DATE SIGNED				
	28C. HIYSICIAN'S	Luck	DEGREE		hys.	5-1-70.				
	NAME (Typel	1	2	23D. ADDRESS	1/200					
2	Susan R. SASAN A. BURIAL CREMATION, 24B. DATE	LUCK .	DEGREE of CEMETERY of CRE	Baltimore Ct	HOS P.	town, or county! (Stote)				
	BURIAL Specify 5/5/	10 Wester	ern Star	Cometery Car	fonsuille,	Maryland				
2	MAY 4 1970	25R NAME OF RE	GISTRAR (1.0.)	Martin & Duck	f.H. 1701	LAURENS St				



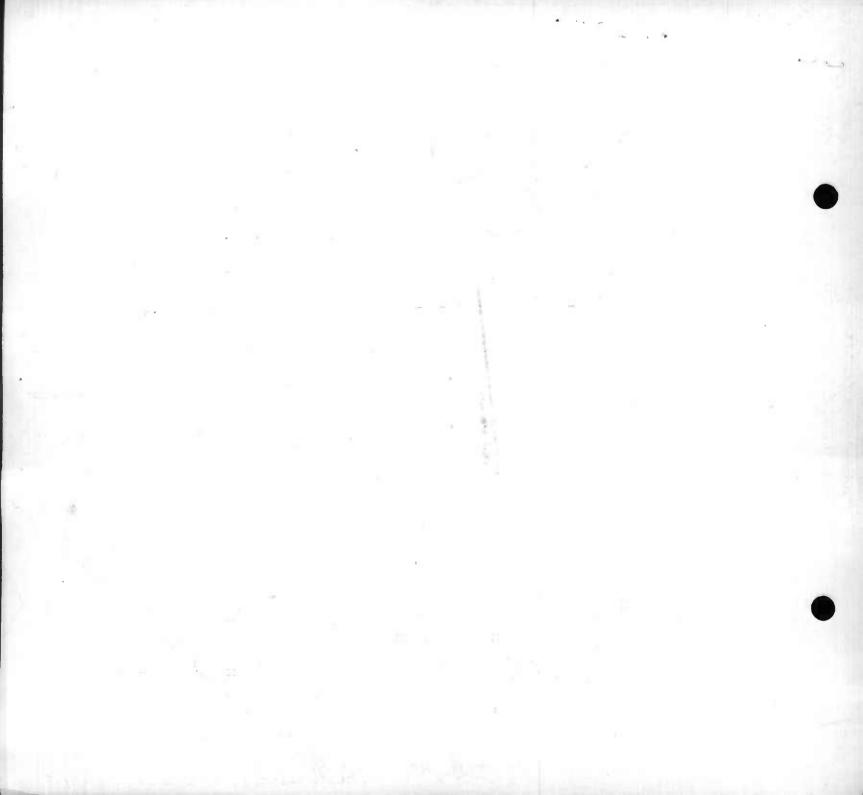
BALTIMORE CITY HEALTH DEPARTMENT

Bi	70 RTH NO.	4606	MED	ICAI	. E	XAMINER'S	CERTI	FICAT	E OF	DEAT	TH REG. N		4606
1.	NAME OF DEC	EASED					2. DATE	Knav	vn 🔲	Month	Day	Year	Hour
(Ty	pe or Print)	WILLIA	AM WORT	HING	TON		OF DEATI	F	noted 🗆				
4.	PLACE IN BAL	TIMORE, MA	ARYLAND, W	VHERE P	RONG	DUNCED DEAD	3. DATE			Month	Doy	Year	Hour
HC	LL NAME OF OSPITAL INSTITUTION	(IF NO	TIN HOSPITA	AL OR INS	ITUTIT	ON, GIVE STREET		OUNCED		4	12	1970	10:53 A,
1			General	Hos	pit	al (DOA)	A. STATE			e deceased	B. COUNT		before admission)
6.	SEX	7. RACE		8. MARE	RIED [NEVER MARRIED	C. CITY	OR TOWN			D. INSIDE	CITY LIMITS?	
1	Male	Whi	te	WIDOV	VED [DIVORCED [Bal	lto.			YES 🔀	NO 🗆
9.	DATE OF BIRTI	H	10.AGE (Ir	years	IF U	nder 1 Yr. 11 Under 24 Hrs. lhs: Days Haurs Min.	E. STREE	T AND NU	JMBER				
1 8	3/28/0	9	50	γ)	Man	mis Days I nauts I min.	1	622 N.	. Cal	ert S	t.		
11.	BIRTHPLACE (S	tote or farely	gn country)		12. 0	ITIZEN OF		ER'S NAM				. 1	
	Tenr				V	WHAT COUNTRY?	1.5.11	10000	R	nt	Want	ninatol	n
144	USUAL OCCU	PATION (GIV	e kind of work	148. KIND	OF	BUSINESS OR INDUSTRY	15. MOT	HER'S MAI	DEN NA	WE	000111	11119 701	
dan	e during most of w		ren Bretired)	0.	+	1	5	int'	4	Inna:	1tan		
16.	WAS DECEASE		U.S. ARMED			IIT. SOCIAL	18. INF	PRMANT	4 //	ami	Iron	ADDRESS	
	s, na or unknown)					SECURITY NO.	1-11	E		1 4		ADDRESS	
H	Ito					CAUCE OF DEA	6///3	on 10	Triero	2 17	ame	I AG	PROXIMATE INTERVAL
	E 95	7 X				CAUSE OF DEA	ın						EEN ONSET AND DEA
			TION DIREC	CTLY									
	4-1	LEADING TO				(A)IMMEDIATE C		lultip.		uries			
	heart foilure,	osthenio, etc	made at dy the it means the ch caused dec	disease,		DUE TO, OR	S A CONS	EQUENCE	OF:				
	injury ar com	iplicotion whi	ch caused dec	ih.)									
	ANTECEDENT CAUSES (B)												
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE												
-	UNDERLYIN	IG CONDIT	ION LAST.	IING INE		(c)							
Ó			11			(0)							
CATION	OTHER SIGN	IFICANT COL	II NDITIONS CO	ONTRIBU	TING								
IE	TO THE DEA	CONDITION	RELATED TO	THE TERM	INAL	*************************							
ERTIFI						WHICH OPERATION WA	S PERFO	RMED				21. AUTO	PSY? (Yes or No)
ပြ	2												
7	22A. EXTER!	NAL CAUSE	WAS		22B. F	PLACE OF INIURY(e.g.,	in or abou	122C WHI	ERE DID	il in Boltime	re Clby give		res
EDIC	UNDERLYING	KOR CON	TRIB-		home	PLACE OF INJURY (e.g., lorm, factory, street, oilice	bidg., etc.		CCUR?	7	, G.	12016	
ME	UTING CA		Ooy) (Yeor) (Hau	-1 2	home		1622		Calver		7700	
	OF INJURY				1 14	HILE AT NOT	WHILE X	221. 1101					
	(APPROX.)	4-12-	70 10):30A	m. V	VORK AT W	ORK X	Subj.	. jump	ed fr	om 3rd	floor w	vindew.
		Ify that I h	old on I	nquiry [7	Inspection Au	F		d-4 4		J =t . 1		
				- prompt			opsy K				death in n		
	result	ed from: N	loturol cou	ses 📙	A	ccident Suicid	• X	Homicide			ned monne	-	
	ACTUAL		11	16	5	1		CHIEF M	EDICAL E	XAMINER	X		DATE SIGNED
	SIGNATU	JRE	10	7 / 1	N	he M.D	. AS	SISTANT	MEDICAL E	XAMINER			
-	EXAMINI NAME (T	1	Russell	. s.	Fis	her, M.D.	AS	SOCIATE N	MEDICAL E	XAMINER		4	-13-70
24	A. BURIAL GREA	MATION-	24B. DATE	/	24	C. NAME of CEMETERY	or CREMA	TORY	24D.	LOCATION	(City, to	wn, or county)	(Stote)
KE	MOVAL (Specif	7	5/5/	20		Jellica C.	100		11	011:	2 7	13 34 40	
25	A. DATE REC'D	BY HEALTH	DEPT.		IAME	OF REGISTRAR	1250	. FUNERA	DIRECTO	E 111	0,1	ADDRESS	
		4	1070			Faber, M.D.	230	01	- D	11	1/)	
	M	114	13/0	در څوړي	C-,	7 () ()	2 50	leran	3 10	chino	1. 1	10)	
VS	151-REV. 1/1/68	- 100	200	3		0	6	8	7 60				

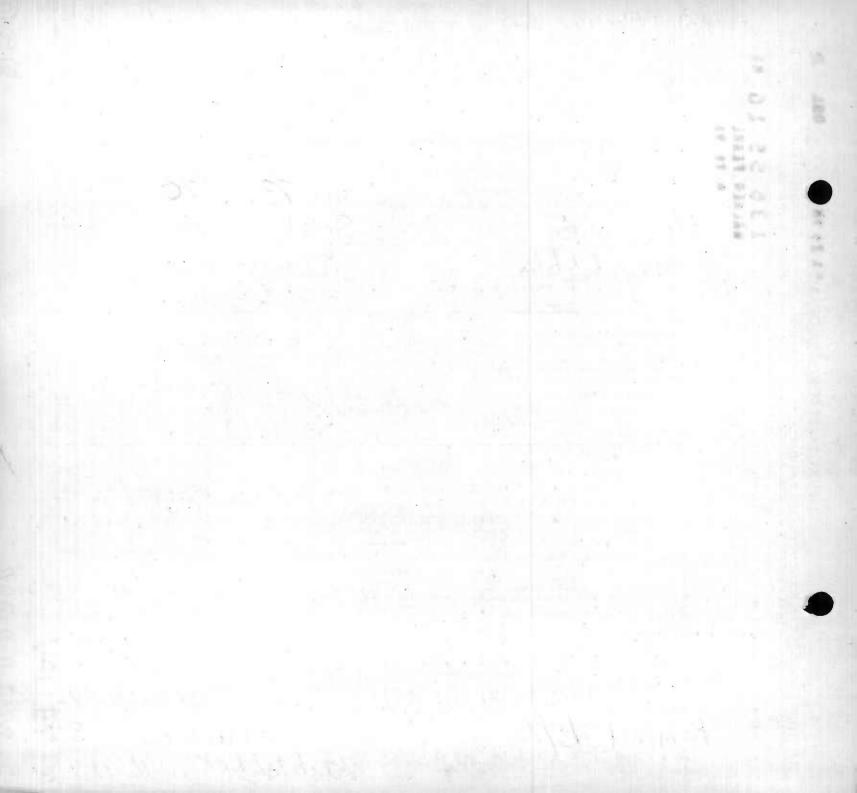


0

NERAL



V\$ 1.50-REV. 1/1/6B



IMPORTANT

DIRECTOR:

FUNERAL

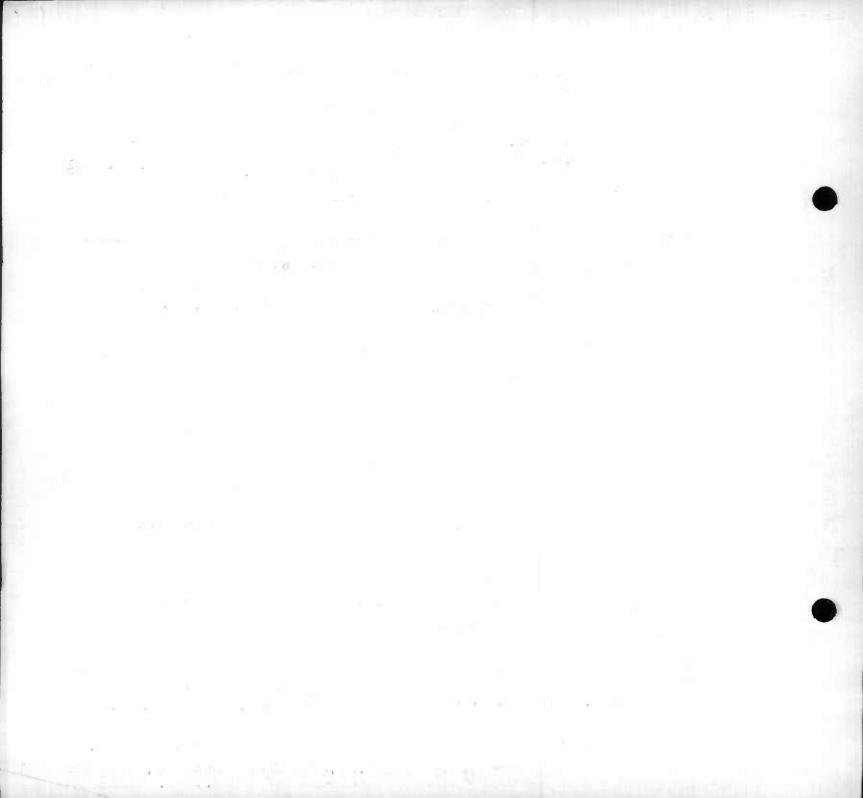
BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived, It institution; residence being A. SATE B. COUNTY D. INSIDE CITY LIMITS? NO If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exoct lacation) ... and that in (my) (our) opinion deoth accurred on the date 23B, DATE SIGNED City, town, or county) deceased written shows: SD M

5/27/70 - sepsis
Resp dependency severe pourdons

sury for ac. all panereatile
Infam from letter from IN H.

	l l
the day	Bi 1. (T) 3. FI H IN 5. (Ye
approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death f any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased I (except where the physician who pronounced death was in regular attendance on the); and (6) No physician was in regular attendance on the deceased prior to death. Such is obtained before the remains are embalmed or final disposition is made.	(1)
Spit of O O O O O	3.
ause e; (5 e, dar	H
g c gus	
approved by the chief medical examiner or his assistant it death occurred to the hospital by a medical examiner. Also, if the direct or contributing fany nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined I (except where the physician who pronounced death was in regular); and (6) No physician was in regular attendance on the deceased price obtained before the remains are embalmed or final disposition is made.	5.
con rest	10,
or Ond Is in	12
weet the the spool	13,
ant di nd; ath on on	15. (Ye
ssist the king I de ince	L
any if any inceded	
Alson anthe	
er. ictu pro lar	
mimimimimimimimimimimimimimimimimimimi	
(3) A	
cal ns; ns; icia	_
bor bur bur shys	MEDICAL CERTIFICATION
a nody he he sicie	TIFIC/
by by 2) B 2) B Phy Fore	CER
No She	ICAL
pet datu (6)	MED
he ny n ny n and	
of a population of a populatio	
spit spit leat	
mus elec rcid to to to d al m	
his certificate must be a he body was released thows: (1) An accident of vas D.O.A. at a hospital leceased prior to death)	
A P. d p. d p. d p. d p. d	24/
bod ws: D.C base	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	25/
	1

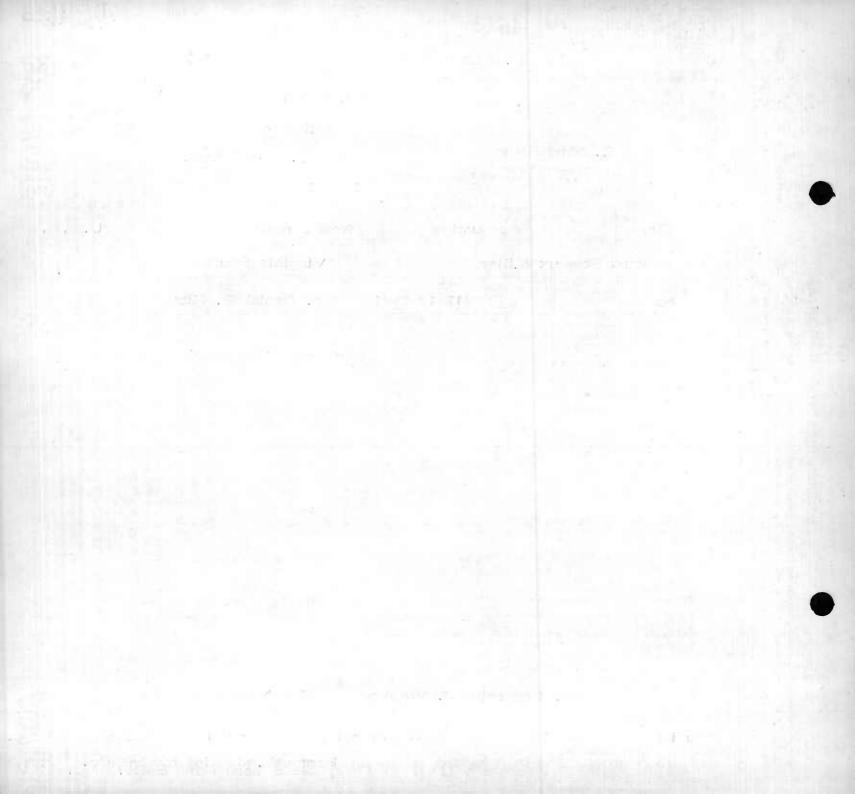
1)-54	0 70	4610		Y HEALTH DEPARTMENT	•	70 4610
1. N	NAME OF DECEA		110.			AND HOUR OF DEATH	11 02
3		NNELLY MORE MARYLAND, W	, HELE	Na K.	IV(C	ul 1, 1970	12000
		NORE MARILAND, W	HERE PRONOUNG	CED DEAD	A. STATE B. CO	Whele deceased lived. If in OUNTY	istitution: residence before admissi
FU	JLL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				Marykand		701
IN:	STITUTION	altimore Ci			C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
1	3/4	940 Eastern	Ave.		Baltimore E. STREET AND NUMBE	:D	YES NO
_	E	altimore, Md	. 21224			Baltim	ore, Md. 21218
5. S		RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	il Under 1 Yr. If Under 24 H Manths Doys Hours Min
	Female V	hite	WIDOWED	DIVORCED	2-13-93	last birthday)	Maniha Doys Hours Min
10A	USUAL OCCUP	ATION (Give kind of work king life, even if retired)	108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or	loreign country)	12. CITIZEN OF WHAT COUN
gon	House		Own I	Tome	N(U.S.A.
13.	FATHER'S NAME		OWIT 1	101110	Maryland 14. MOTHER'S MAIDEN	NAME	U.D.A.
		Charles Reh	bein		Anne Ben		
15.	Was Deceased E	er in U. S. Armed For	ces? 1 6.	SOCIAL	17. INFORMANT	4940 Eastern	Ave. Address
(Yes	s, na or unknawn) (I	yes, give war or date	s of service)	SECURITY NO.		Baltimore, Md	
_	No	- Q.	41.9	9-22-5625 CAUSE OF DEAT		Date Camor Cy 110	APPROXIMATE INTERVA
	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC, TO THE DEATH	TECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last. II ANT CONDITIONS COI	Stating The		INLUMOC SA CONSEQUENCE OF: LOSCLEROTE L ARTHE' his-	Joseph dis	ease 15 yrs.
	19A. DATE OF O	PERATION 19B CON WAS PERF	DITION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Yes on	No. 208, IF YES, WERE IN CERTIFYING A	FINDINGS CONSIDERED
-1	21 A. ACCIDENT OR CONTRIBUTION DEATH (notify many	WAS UNDERLYING OF CAUSE OF adical examined	218, PLA home, f	CE OF INJURY (e.g., i arm, factory, street, a	in ar about 21C. WHERE DIE	il in by illimar	City, give exact location)
×	OF INJURY (APPROX.)	Aonth) (Day) (Year)	While A Work	At Work	le 🗂	INJURY OCCUR?	1
	22. I certify th	at (I) (this hospital)	d alive on	Aller	May 1	19 /0 to M	man death accurred on the d
1 1				×	lew the bady after deat	• 10 -7	midit death decorred on the d
	23A. SIGNATURE	14		C. Asian Vala 1101)	TION THE DULY DITER GEG!	INO	23B, DATE SIGNED
	1 Keli	V XIII	macher	Alle Phy	ending Med.	Shoff Phys.	5-1-70
	23C. PHYSICIAN NAME (Type					more City Hos	pitals
		Dale N. Sch	umacher M	.D.	4940 Eastern	Ave. Baltim	
24A	BURIAL CREMA	TION, 248, DATE		Degree	4940 Eastern		ore, Md. 21224
	BURIAL CREMA REMOVAL (Spo Burial	1710N, 24B, DATE 5/5/70	24C.NAME	DEGREE			ore, Md. 21224



H-620 70 4	011	TE OF DEATH REG. NO	70 4611
1. NAME OF DECEASED (Type or Print) CALTER	LARDIE	2. DATE AND HOUR OF DEATH	,
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONQUINCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If inst	7 AM
	INSTITUTION, GIVE STREET	MHRYLAND	E CITY LIMITS?
44		BALTIMERS	YES NO
UNION MEMOR	IAL HOSPITAL	E. STREET AND NUMBER 3406 OLD YORK RD	21212
	ARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	of Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. K	IND OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (State or largin country)	12. CITIZEN OF WHAT COUNTRY
RETIRED WATCHMAN	APTS.	BALTIMOREMO	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. Was Deceased Ever in U. S. Armed Ferces?	10 /	MARY REAMONS	D
tres, no or unknown/ lif yes, give wor or doles of s	SECURITY NO.	17. INFORMANT	ADDRESS
118.	214-01-943; CAUSE OF DEAT	WILLIAM + HARRIS	BALTERIA
DISEASE OR CONDITION DIRECTL			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	CARMEDIAT CAR	SECEREBRAL THROMBOSI	5 7 0475
IThis does not meon the made of dying heart failure, asthenia, etc. It means the d injury or camplication which caused death.	conce	A CONSEQUENCE OF:	***************************************
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the above cause (A) statin	g me		
II	(C)	***************************************	********
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM	ARNIAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes of Not 20B. IF YES, WERE FIN	DINGS CONSIDERED
WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21 B. PLACE OF INJURY (e.g., in home, form, loctory, street, oil etc.)	or obout 21 C. WHERE DID #15 to 2 objects of	City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hou OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (1) (this haspital) atter	nded the deceased framA/-	PRIL 25 19 70 to MIS	9 3 19 70
that (1) (we) last saw the deceased ally		19 70 and that In my) (aur) apinia	in death accurred on the date
and hour and fram the causes stated abo	ove. (1) (We) (did) (did nat) w	ew the bady after death.	
23A. SIGNATURE	Attac		R DATE SIGNED
R3C. PHYSICIAN'S	DEGREE Phys.	Director Phys.	M1431970
NAME (Type)	4007	3201 N CHARLES	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	DEGREE 24C. NAME of CEMETERY OF CRE		town, or county) (State)
Burial 5-6-70	Moreland Mei	telli,	
25A. DATE REC'D BY HEALTH, DEPT. 258-N MAY 4 1970 Police E. Sau	AME OF REGISTRAR	25C. FUNERAL DIRECTOR 4. M4905 Work Road B	ADDRESS
VS 150-REV. 1/1/68		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	alto., Md. 2121

1 in

D = 1	BALTIMORE CITY	HEALTH DEPARTMENT		70 4012
# 360 70 46	12 CERTIFICA	TE OF DEATH	REG. NO	70 4612
(Type or Print) Edna L.	Ritter		2, 1970	10:05 P. M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where A. STATE 8. COUN	e deceosed lived. If in TY	nstitution: residence before odmission)
FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION) INSTITUTION	ISTITUTION, GIVE STREET	C. CITY OR TOWN Baltimore	D. INS	IDE CITY LIMITS?
00 809 E. 33rd Stree	et	E. STREET AND NUMBER 809 E. 33rd	Street	
	NEVER MARRIED	8. DATE OF BIRTH 12-2-1923	9. AGE (In years lost birthdoy) 46	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108. KIN) done during most of working life, even if relired) Clerk Acc	of Business or Industry	11. BIRTHPLACE (Stote or forei	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	coaricing	14. MOTHER'S MAIDEN NAM	AF	0.0.7.
Edward Stewart Mill	er	Virginia S		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (If yes, give wor or dotes af servi	16. SOCIAL SECURITY NO. 217-14-0921	17. INFORMANT Mr. Danial	B. Ritter	ADDRESS Same
Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, given is a lot the above cause (A) sloting UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATION DISEASE OR CONDITION GIVEN IN PART 1 (A). 19.4. DATE OF OPERATION 198. CONDITION WAS PERFORMED	ving DUE TO, OR AS Ihe (C)	A CONSEQUENCE OF:		FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	n or obout 21C. WHERE DID	(If in Baltimor	re City, give exact location)
21D.TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (I) (this hespital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr. Frede	e. (I) (We) (did) (did not) vellecce Megate Physicisch J. Vollme	iew the bady after death. Med. Director	Stoff Phys.	inion death accurred an the date 23B, DATE SIGNED May 4, 1970
REMOVAL (Specify)	C. NAME of CEMETERY OF CRE			ity, town, or county) (Stote)
Burial 5-6-70	Moreland Mer		Baltimore	
25A. DATE REC'D BY HEALTH DEPT. 25B. NA. (25B.	ME OF REGISTRAR	25C, FUNERAL DIRECTOR	Jenkins &	Sons, Cond. 21212

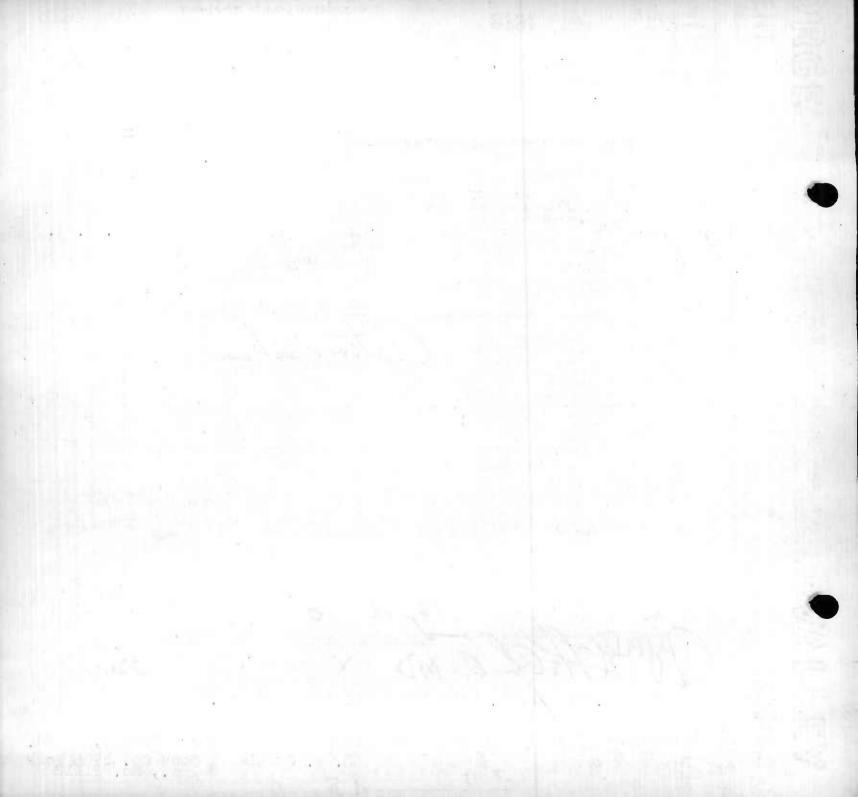


IMPORTANI

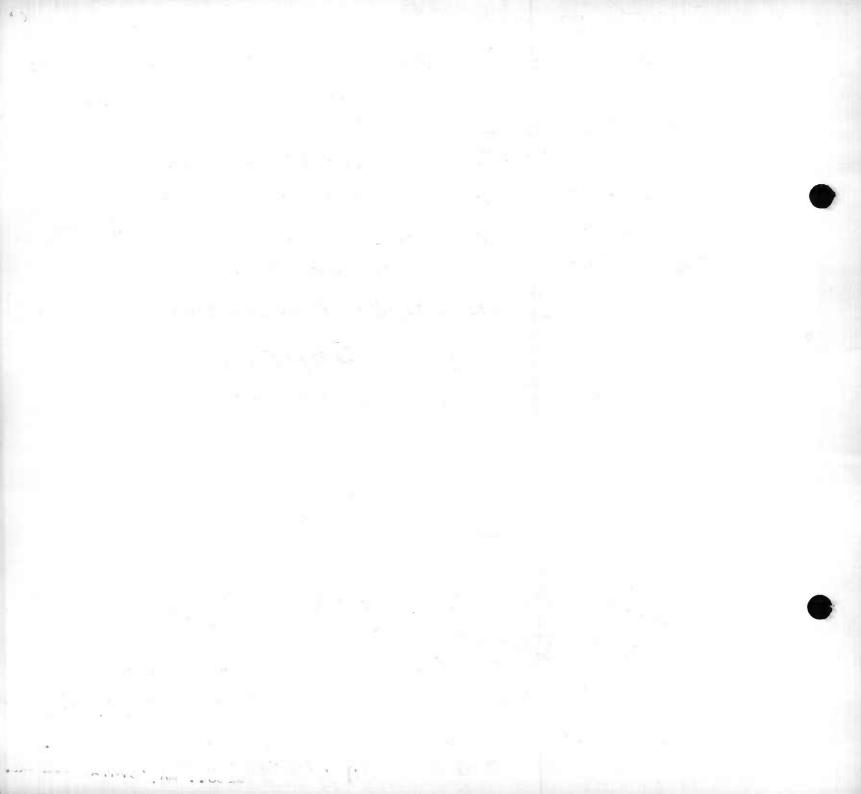
DIRECTOR:

FUNERAL

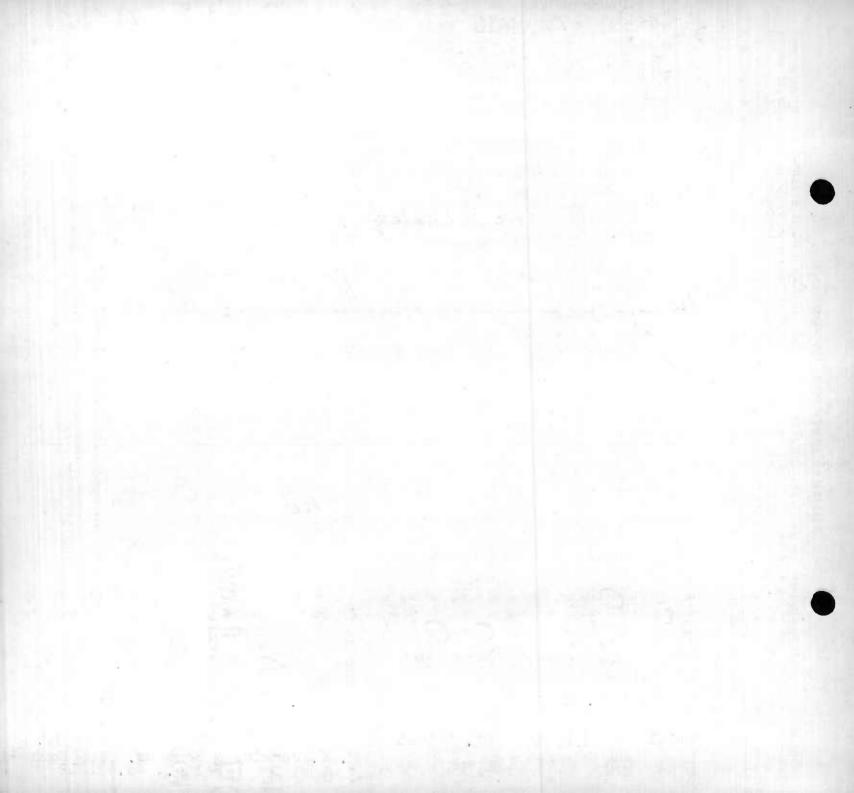
VS 150-REV. 1/1/68



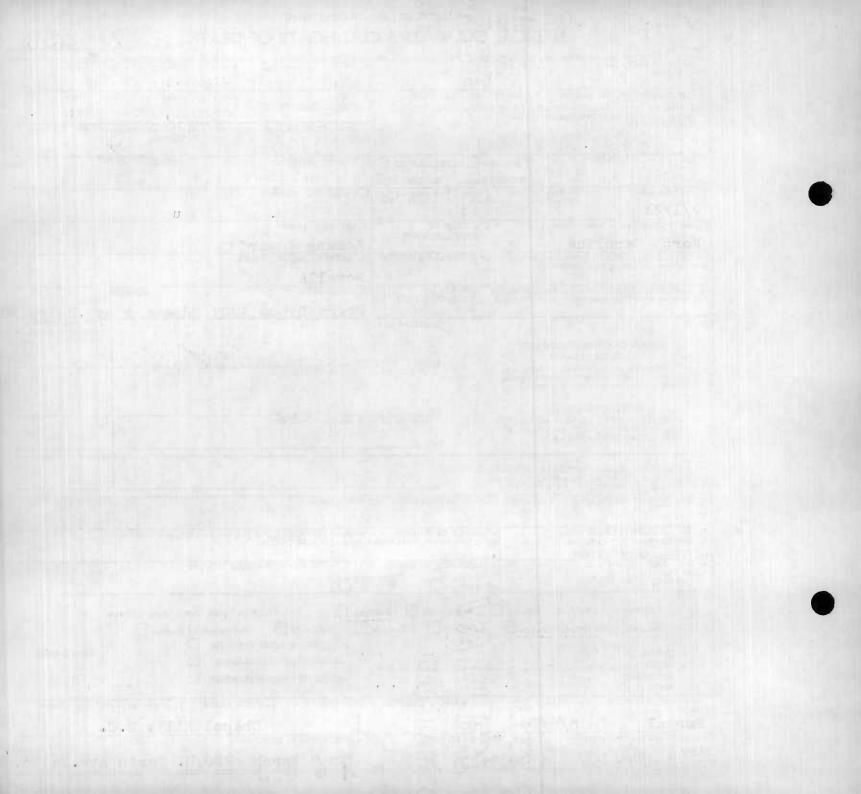
VS 150-REV. 1/1/68



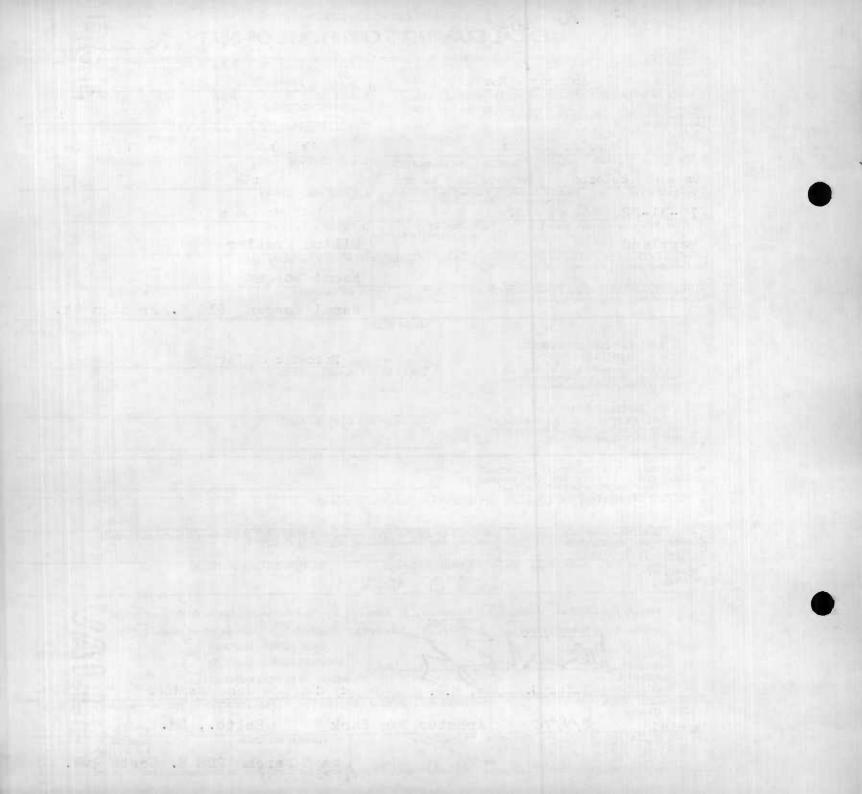
(E 2 A	BALTIMORE CITY	HEALTH DEPARTMENT		MO 1015
J-520 70	4615 CERTIFICA	TE OF DEATH	REG. NO	70 4615
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print Dunes Ille Ric.	haid Flonor.	4-30	20	1 8:35 PM
3. PLACE IN BALTIMORE MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	e deceased lived. If ins	titution: residence before admission)
		A, STATE B, COUNT	TY	2 17 , 11
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCAT	OR INSTITUTION, GIVE STREET	Maryland	•	2/14
INSTITUTION		C. CITY OR TOWN	D. INSID	DE CITY LIMITS?
1: 1		Balto ma		YES NO NO
Heswick. Hon	ie	E. STREET AND NUMBER	0	
		4509 Kole	and ave	21210.
5. SEX 6. RACE 7	· MARRIED NEVER MARRIED		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
make U	WIDOWED DIVORCED	8-11-1880	99	
10A. USUAL OCCUPATION (Give kind of work)		11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working tife, even if retired	Interior Decoration	D 1+ 5.	1	u = 0
rocut-Colleer Tublish	uglo.	Dallo, Me	d .	U.S.JT.
13. FATHER'S NAME	/	14. MOTHER'S MAIDEN NAM	AE	
thedistah In a		della Ha	11.11	
15. Was Deceased Ever in U. S. Armed Force (Yes, no ar unknown) (If yes, give war ar dates	1 6. SOCIAL	17. INFORMANT	The same of the sa	ADDRESS
(Tes. no or unknown) (If yes, give wor or dotes	of service) SECURITY NO.	11	. 1 1	0
no o	214-10-8105	Mesere	en see	ards.
18. 4/0,71	CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE	CTLY	0 4	1 -	101.
LEADING TO DEATH	(A) IMMEDIATE CA		roubvoes	6-8Ws
(This does not mean the mode of a heart failure, asthenia, etc. It means t		A CONSEQUENCE OF:		
injury or complication which caused of			1	
ANTECEDENT CAUSES	(a) Cir	Terroschertic	CUD	years
DISEASES OR CONDITIONS, if or	y, giving DUE TO, OR AS	A CONSEQUENCE OF:		7
rise to the obove couse (A)				
UNDERLYING CONDITION lost.	(c)			
z				
OTHER SIGNIFICANT CONDITIONS CON				
▼ DISEASE OR CONDITION GIVEN IN PART	1 (A).	120 A	N 000 IF Was 14100 F	
198. COND WAS PERFO	ITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	INDINGS CONSIDERED
83		100		
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	iffice bldg., INJURY OCCUR?	(If In Boltimore	City, give exoct locotion)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJU	URY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi			
	Work At Work	111	14	35 60 1
22. I certify that (1) (this haspital)		~ A	9 .c./ta	30 april 19 76.
that (f) (we) last saw the deceased	alive an 76 Cep	19 70 and the	at in(my) (aur) apin	ian death accurred an the date
and haur and fram the causes state	d abave (I) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE	1 1.	1		23B. DATE SIGNED
Herold	P. Breke MD AH	ending Med.	Staff	30 april 70
23C. PHYSICIAN'S	DEGREE Phy	zs. Director Director 23D. ADDRESS	Phys.	Jo aproa
NAME (Type)				
Harold P. Biehl	MD	700 W. 40th	Street	21211
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION (City	y, town, or county) (Stote)
Burial 5/h/70	Mt Olivat	Ro.	ltimore	Md.
	Mt. Olivet	25C. FUNERAL DIRECTOR		- D - 2234DDA- 1 - D -
MAY 4 1000 PARAS	Jaken MAC .	H. W. Jenkir	ns & Sons	Co. 4905 York nd Md. 21212
VS 150-REV. 1/1/68		409	Balto.,	**** CTCYC
3 139 RL 74 1/1/00				



18-550 70 4616 BALTIMORE CITY HE	CERTIFICATE OF DEATH REG, NO. 70 4616
DIKITI NO.	REG. NO. 70 4616
I. NAME OF DECEASED (Type or Print) MATTIE BYNUM	2. DATE Known M Month Doy Year Hnur OF DEATH Estimoted April 30, 1970
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Day Year Hour 7:40 A.
OR INSTITUTION 504 E. North Avenue	5. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admission) A. STATE B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Negro WIDOWED DIVORCED	Baltimore ves ☑ NO ☐
	E. STREET AND NUMBER 504 E. North Avenue
11. BIRTHPLACE (State or foreign country) North Carolina 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Lemuem Edwards
14A-USUAL OCCUPATION (Give kind of work) 14B, KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	Novella
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Peggy Bynum 4937 Edgemere Ave. Balto. Mo
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	AUSE Fatty metamorphosis of liver AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERSONAL AND
0 2	S PERFORMED 21. AUTOPSY? (Yes or No)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED. OF INJURY	In or obout 22C. WHERE DID (II in Ballimore City, give exact location) bldg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR?
(AFPROX.) m. WORK AT WO	
	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER X
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OR REMOVAL (Specify)	
Burial 5/5/70	Chapel Hillm N.C.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR MAY 4 1970 Best E. Schen Ko.	Wm C March 928 E. North Ave. Balto.
VS 151-REV. 1/1/68	



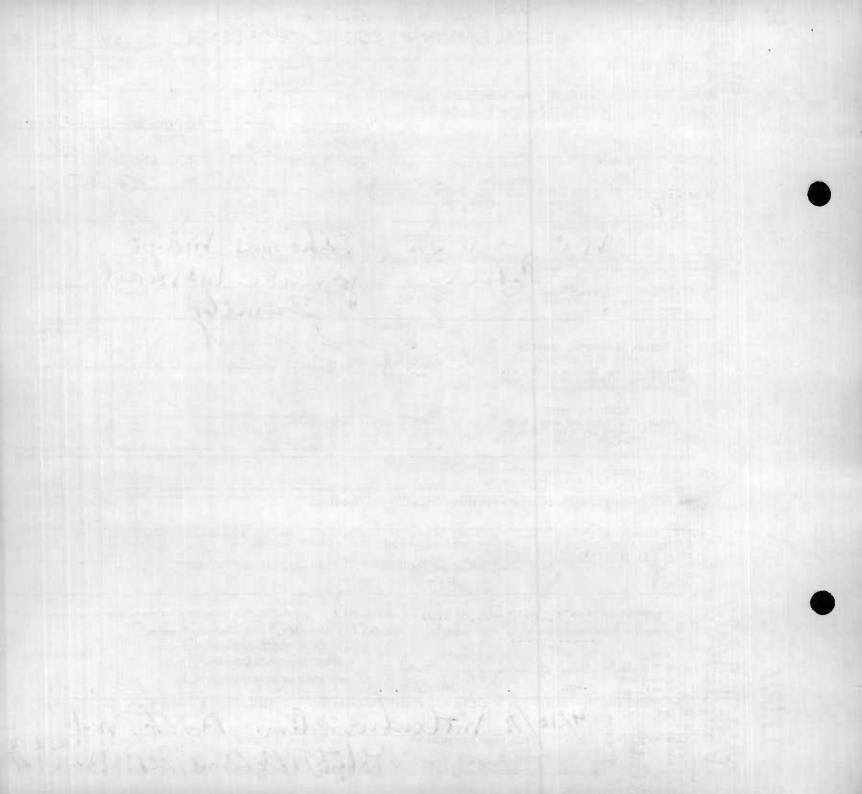
1	70 4617 BALTIMORE CITY HE	ERTIFICATE OF DEATH REG. NO.	
BIR	TH NO.	REG. NO.	4 40 -
	NAME OF DECEASED	2. DATE Known A Manth Doy	Yeor Hour
(lyp	e or Print) Anthony Morgan	OF DEATH Estimoted	
4. F	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Year Hour
HOS	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 5 3	70 4:30 a _M .
1	Hopkins Hospital	5. USUAL RESIDENCE (Where decreased lived. If Institution A. STATE Mary Land B. COUNTY	- 4 -
6. 5	<u> </u>	Maryland C. CITY OR TOWN ID. INSIDE CO	Baltimore 5 300
	MAKKIED MEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	II A FIWITZA
	ale colored WIDOWED DIVORCED		ES NO
	ATE OF BIRTH 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Norths Days Hours Min. 17	e. STREET AND NUMBER 1425 Monsonda Way	
11.	BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
N	laryland WHAT COUNTRY?	Milton Frazier	
	USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY		
done	during most of working lile, even if retired)		
_		Naomi Morgan	
16. \ (Yes.	NAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	IB. INFORMANT A	DDRESS
		Naomi Morgan 814 E. Pr	eston St.
	9. CAUSE OF DEA		APPROXIMATE INTERVAL
	004.11		BETWEEN ONSET AND DEATH
ш	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Manatia addatian	
ы	(This does not mean the made of dying, e.g.,	AUSE Narcotic addiction	
	heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:	
	injury or complication which coosed deomicy	\$	
	ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	S A CONSEQUENCE OF:	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
 8 .	(c)		
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
0	TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
	DISEASE OR CONDITION GIVEN IN PART 1 (A)		
第	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	PERFORMED	21. AUTOPSY? (Yes or No)
			no
일	228. PLACE OF INJURY (e.g., home, farm, foctory, street, office UTING CAUSE OF DEATH.	or obout 22C. WHERE DID (If in Boltimare City, give exobidg., etc.)	ct locotion)
	22D. TIME (Month) (Dov) (Year) (Hour) 22E-INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	OF INJURY WHILE AT NOT	/HILE	
I L	m. WORK AT W	ORK []	
	I certify that I held an Inquiry Inspection Aut	apsy and that on this basis, death in my	onlnion
	resulted from: Natural causes X Accident Suleid		
	Total tubes of Section 1		1000
	ACTUAL 11100	CHIEF MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER	
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	m / a / = a
211	NAME (Type) Werner U. Spitz, M.D. I	eputy Chief Medical Examiner	5/3/70
REM	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY (IOVAL (Specify)		, ar county) (State)
	rial 5/7/70 Arbutus Mem	Park Balto., Md.	
	DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR		DRESS
	MAY 4 1970 Hobert C. Jaben A. A.		
-	7 7 7	Wm C March 928 E. No	orth Ave.
V5 1	51-REV. 1/1/68		



BALTIMORE CITY	Y HEALTH DEPARTMENT	
-520 70 4618 CERTIFICA	TE OF DEATH REG. NO. 70	4618
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type or Print) JONES, Albert	April 23, 1970	10:12 P.N
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution A, STATE 8. COUNTY	residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland	808
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
32	Baltimore YES[Ø NO □
The Johns Henking Hegnital	E. STREET AND NUMBER	
The Johns Hopkins Hospital	1819 Henneman Avenue	
S. SEX 6. RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Ur last birthday) Monti	nder 1 Yr. If Under 24 Hrs. hs Days Hours Min.
Male Negro WIDOWED DIVORCED	4/16/90 80	
OA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY tone during most of working life, even if retired)	11. 8IRTHPLACE (Stote or foreign country) 12. C	ITIZEN OF WHAT COUNTRY?
one donn's most of working me, even it tented)	Va Va	LA A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	70 00
Aller Janes Mr.	Kinnie al	
S. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL Yes, no or unknown lift yes, bive wor or doles of service) SECURITY NO.	17. INFORMANY	ADDRESS
Yes, no or unknown) (If yes, bive wor or dotes of service) 224-14538	& Zemily	١,
18. // CAUSE OF DEAT	H/	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	10	BETWEEN ONSET AND DEATH
LEADING TO DEATH	USE Viol MI	
	A CONSEQUENCE OF:	
injury or complication which caused death.)	0 10	
ANTECEDENT CAUSES	SCUV	years
- total total on containing it only, giring	A CONSEQUENCE OF:	
rise to the above couse (A) stating the UNDERLYING CONDITION last.		<i>V</i>
II		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	= ,	
O O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g.,	NO 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED F DEATH?
	in or about 21 C. WHERE DID (If In Baltimore City,	give exact lacation)
OR CONTRIBUTING CAUSE OF home, form, factory, street, of DEATH (notify medical examine)	ffice bldg., INJURY OCCUR?	
O 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY		
(APPROX.) Work At Work		
22. I certify that (!) (this haspital) attended the deceased fram	april 23 19 (0 10 april	ul LJ 19 /0
that (1) (we) last saw the deceased alive an upul 7	3 19 74 and that in (my) (aur) apinion d	eath accurred an the date
and haur and from the causes stated ghave. (1) (We) (did) (did nat)	view the bady after death.	
23A. SIGNATURE		ATE SIGNED
Ph.	ending Med. Staff	4/24/20
23C. PHYSICIAN'S	23D. ADDRESS	11-11-0
Leonard Rosoff, M.D.	The Johns Hopkins Hospit	al
24A. BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY of CR		n, ar caunty) (State)
REMOVAL (Specify)	- 1 V D- 4	10.00
Land 4 /28/Aballo Nalion	ral em Jako.	ADDRESS (A)
MAY A 1070 P. C. A. F. SAME OF REGISTRAR	25G FUNERAL DIRECTOR	ADDRESS Q12/3
MILHI Z 10/0 ASSAL ASSAL OF 10 1	Hora avalliand 101	11 Dond XI

I'M Jos

VS 151-REV. 7/1/68



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

В		CATE OF D		REG. NO.	70	4620
1.	NAME OF DECEASED WILLIAM (FR.)	DIIDE		HOUR OF CEATH	720	3 150
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4, USUAL RESI	IDENCE (Where	deceased lived, II i	nstitution: resi	idence before admission)
FLHIN	LL NAME OF DEPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	C, CITY OR TOY	MNNOK	RALLI	SIDE CITY LIM YES	NE 1204
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. OATE OF BIR		. AGE (In years	II Under 1	1 Yr. II Under 24 Hrs.
10/	USUAL OCCUPATION (Give kind of work 108, KINO OF BUSINESS OR INOL	03-27	777	//	1 1 1 1	48.7
	RETARES	-5	Can	n country)	12. CITIZE	N OF WHAT COUNTRY
13.	FATHER'S NAME WILL Mack	har MOTHER'S	MAIDEN NAM	KNO	16/1	
15. (Ye	Was Oeceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT	amil	a with	lians	OORESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Kepot	tic Fo	ilure		APPROXIMATE INTERVAL
	injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving rise to the above cause IA) stating the	R AS A CONSEQUENCE	0.0	•••••••••••••••••••••••••••••••••••••••		***************************************
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************			Menuter 0000 annumer and a gay
	194. OATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPS	Y? (Yes or No)	208, IF YES, WERE IN CERTIFYING CA	FINOINGS CO USES OF OE	ONSIGEREO ATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (CONTRIBUTING CAUSE OF home, form, foctory, street etc.)	g, in or about 21 C. Wi coffice bldg., INJURY	HERE OID	(If In Boltimar	e City, give e	xact location)
MEDI		White -	N DID INJUR	RY OCCUR?		
	22. I certify that (1) (this hospital) ottended the deceased from that (1) (we) last saw the deceased clive on	04 - 1 6 19 7 (23 19			6 19 70
	and hour and from the causes stated abave. (1) (We) (did) (did no		fter death.	in (my) toury opi		occurred an the date
	J. D. Celes M.D.			off ys,	23R OATE S	IGNEO
	PACE (Type) P. MIKUS . M.D.	23D. ADDRESS				
	REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY OF	y Cem.	, Q Q	Co M	ly, lowny or co	ounty) (State)
	MAY 4 1970 Taber E. Jailer, 1970 So-REV. 171/68	25 FUNERAL	Eddille	ame 1701	-03 h	Bond St.

	EALTH DEPARTMENT
G-650 4621 BALTIMORE CITY HI MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 4621
DIKITI NO.	REG. NO.
I. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Yeor Hour
Vernell Green	DEATH Estimoted LI M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 5 1 70 10:05 P.M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
727 Druid Lake Dr.	A. STATE Maryland B. COUNTY /30/
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
female colored widowed widowed bivorced	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years 15 Under 1 Yr. 11 Under 24 Hrs. 10st birthdoy) Months Days Hours Min.	E. STREET AND NUMBER
7/4/1908 62	727 Druid Lake Dr.
II. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF	13. FATHER'S NAME
Richmond, Virginia USA	???
14A-USUAL OCCUPATION (Give kind of work! 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
Retired	Lou Emma Pierce
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
no 199 20 647	H Alma Lambert 2906 Hilldale Ave.
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	Sclerotic cardiovascular disease
(this does not mean the mode of dying, e.g., heart iallure, asthenia, etc. it means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
injury or complication which coused death)	
ANTECEDENT CAUSES (19)	AS A CONSEQUENCE OF
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OFI
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OFI
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No) Ve S
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Dov) (Year) (Hour) 122E-INJURY OCCURRED.	AS PERFORMED 21. AUTOPSY? (Yes or No) Yes In or obout 22C. WHERE DID (If in Rollimore City, give exect location)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURED OF INJURY (APPROX.)	AS PERFORMED 21. AUTOPSY? (Yes or No) Yes In or obout 22C, WHERE DID (If in Bailimore City, give exact location) 22F. HOW DID INJURY OCCUR?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.) 23.	AS PERFORMED 21. AUTOPSY? (Yes or No) Yes In or obout 22C. WHERE DID (If In Ballimore City, give exact location) bidg., etc.) 22F. HOW DID INJURY OCCUR?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.) 23.	AS PERFORMED 21. AUTOPSY? (Yes or No) Yes In or obout 22C, WHERE DID (If in Bailimore City, give exact location) 22F. HOW DID INJURY OCCUR?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.) 23.	AS PERFORMED 21. AUTOPSY? (Yes or No) Yes In or obout 22C, WHERE DID (If in Baillimore City, give exact location) WHILE 22F. HOW DID INJURY OCCUR? WHILE Topsy and that on this basis, death in my opinion
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 1 certify that I held an Inquiry Inspection Au resulted from: Natural causes Accident Suicident Continue To Condition on the part of	AS PERFORMED 21. AUTOPSY? (Yes or No) Yes In or obout 22C, WHERE DID (If in Bailimore City, give exact location) 22F. HOWDID INJURY OCCUR? WHILE Topsy and that on this basis, death in my opinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 1 certify that I held an Inquiry Inspection Au resulted from: Natural causes Accident Suicident ACTUAL	AS PERFORMED 21. AUTOPSY? (Yes or No) yes in or obout 22C. WHERE DID (If in Ballimore City, give exact location) bldg., etc.) INJURY OCCUR? 22F. HOWDID INJURY OCCUR? while topsy and that on this basis, death in my opinion topsy And that on this basis, death in my opinion CHIEF MEDICAL EXAMINER DATE SIGNED
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) I certify that I held an Inquiry Inspection Au resulted from: Natural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S	AS PERFORMED 21. AUTOPSY? (Yes or No) yes In or obout 22C. WHERE DID (If in Ballimore City, give exact location) 22F. HOW DID INJURY OCCUR? WHILE ORK 22F. HOW DID INJURY OCCUR? topsy and that on this basis, death in my opinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) I certify that I held an Inquiry Inspection Au resulted from: Natural causes Accident Suicic ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D.	AS PERFORMED 21. AUTOPSY? (Yes or No) yes in or obout 22C. WHERE DID (If in Ballimore City, give exact location) 22F. HOW DID INJURY OCCUR? WHILE ORK 22F. HOW DID INJURY OCCUR? topsy and that on this basis, death in my epinion Ie Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner 5/1/70
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.) 1 certify that I held an Inquiry Inspection Au resulted from: Natural causes Accident Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spits, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	AS PERFORMED 21. AUTOPSY? (Yes or No) yes In or obout 22C. WHERE DID (If in Ballimore City, give exact location) 22F. HOWDID INJURY OCCUR? WHILE Topsy
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. WHILE AT NOT WORK AT NOT WORK AT NOT AT WORK ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BUT 187	AS PERFORMED 21. AUTOPSY? (Yes or No) yes In or obout 22C. WHERE DID (If in Baltimore City, give exact location) 22F. HOWDID INJURY OCCUR? WHILE ORK 22F. HOWDID INJURY OCCUR? Topsy and that on this basis, death in my opinion CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER DATE SIGNED ASSOCIATE MEDICAL EXAMINER
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. WHILE AT NOT WORK AT NOT WORK AT NOT AT WORK ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BUT 187	AS PERFORMED 21. AUTOPSY? (Yes or No) yes In or obout 22C, WHERE DID (If in Baltimore City, give exact location) 22F. HOW DID INJURY OCCUR? WHILE TOPSY and that on this basis, death in my epinion TOPSY CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY Chief Medical Examiner ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner OF CREMATORY 24D. LOCATION (City, lown, or county) (Stote)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. WHILE AT WORK AT WORK ACTUAL SIGNATURE EXAMINER'S NAME (Type) WETNET U. Spitz, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY BUT 18] 5/6/70 New S8] em	AS PERFORMED 21. AUTOPSY? (Yes or No) yes In or obout 22C. WHERE DID (If in Baltimore City, give exact location) 22F. HOWDID INJURY OCCUR? WHILE ORK 22F. HOWDID INJURY OCCUR? Topsy and that on this basis, death in my opinion CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER DATE SIGNED ASSOCIATE MEDICAL EXAMINER

727 Lake Drive is address.

25C. FUNERAL DIRECTOR

ADDRESS

Leonard J Ruck Inc. Baltimore, Maryland

258, NAME OF REGISTRAR

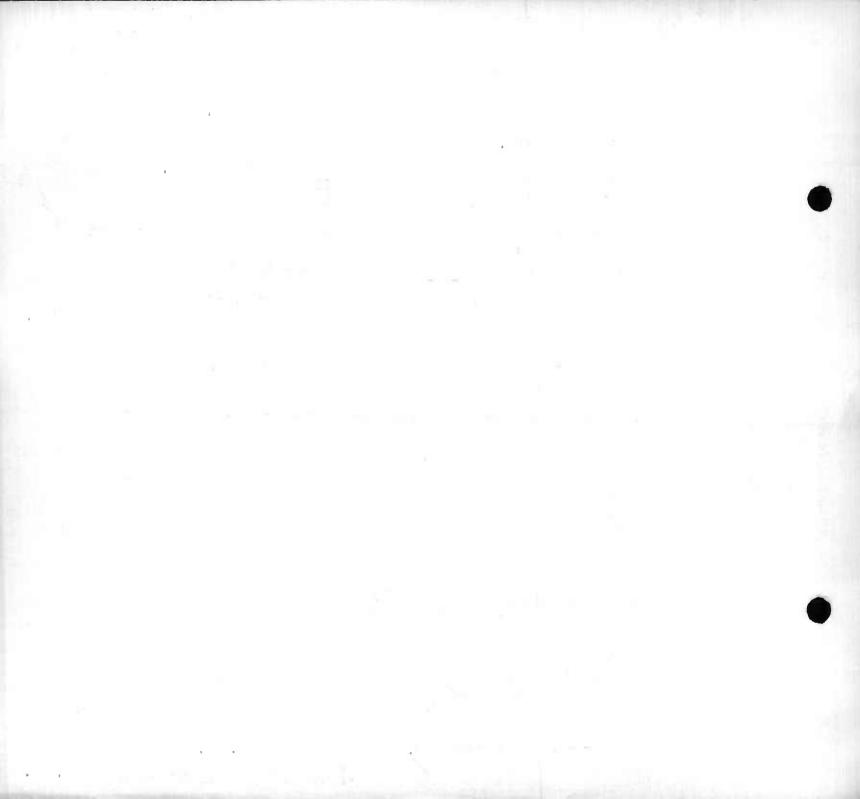
DATE REC'D BY HEALTH DEPT.

VS 151-REV. 3/1/6B

and groups, regularly

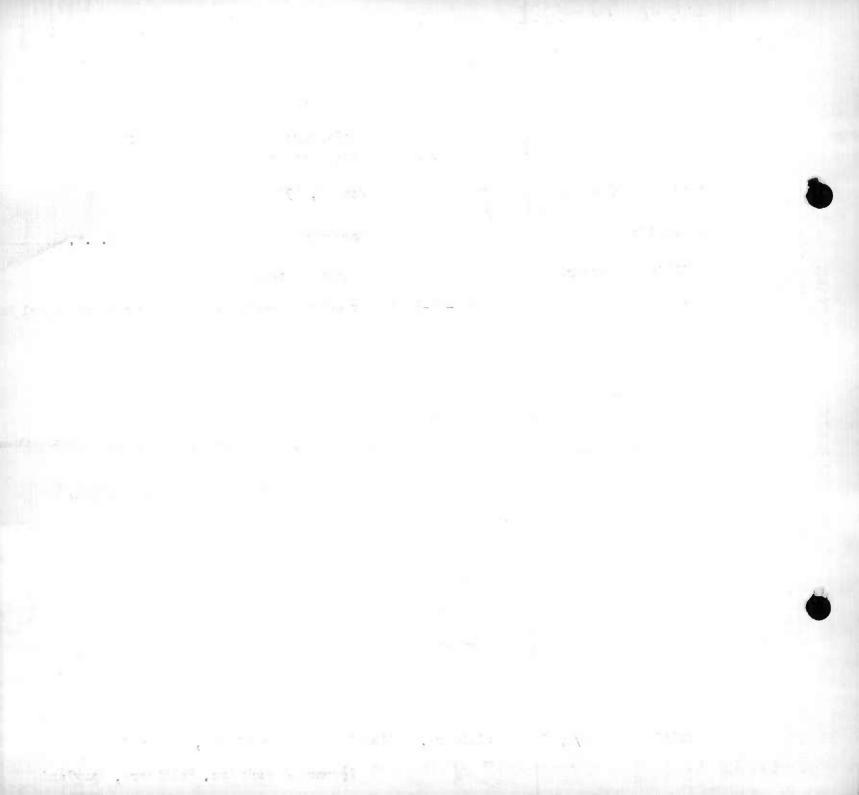
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

T-520	70	4623		HEALTH DEPARTMENT		70 462	3
BIRTH NO.	ASED		CLKIIIICA		AND HOUR OF DEATH		
(Type or Print)	Arrie F.	Thon	nas		3-70		40
3. PLACE IN BALTI	MORE MARYLAND, W		UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	Institution: residence before o	odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryland C. CITY OR TOWN	Balto.	SIDE CITY LIMITS?	00
Marvl	and General	Hosp.		Baltimore		YES NO A	
42		nobp.		7745 North Po		21210	
5. SEX 6	RACE	7. MARRIED	NEVER MARRIED	8. DATE OP BRTH	9. AGE (In years		r 24 Hrs.
Female	Caucasian	WIDOWED	DIVORCED	8-224-81	last birthday)	If Under 1 Yr. If Under Months Doys Hours	Min.
XXXXXX	Housewife	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote or Mary lan	1	12. GITIZEN OF WHAT	COUNTRY?
13. FATHER'S NAM				14. MOTHER'S MAIDEN	NAME		
Har	ry E. Gant	2	305 02 32115	DECEMBER OF THE PERSON OF THE	X Elizabeth	Meekins	
15. Was Deceased E	ver in U. S. Armed Fore	ces?	105-03-13/10	17. INFORMANT		ADDRESS	
No	is yes, give wor or dote.	s of services	SECURITY NO.	XAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	S L Thomas		
18.	2 01		CAUSE OF DEAT		1145 Nor	th Point Creek	Rd.
(This does not heart failure, or injury ar compl AN DISEASES OR rise to the UNDERLYING OTHER SIGNIFICATIO THE DEATH DISEASE OR COM-	OR CONDITION DIR EADING TO DEATH mean lhe made of sihema, etc. It means ication which caused ITECEDENT CAUSES CONDITIONS, it cabove cause (A) CONDITION last. II ANT CONDITIONS CON BUILDING TELATED TO THE JUITON GIVEN IN PART PERATION 1798. CONL WAS PERF	dying, e.g., the disease, death.) ony, giving stating the MTRIBUTING E TERMINAL 1 (A).	(B) DUE TO, OR AS	C 1	VA: ut fa H.F	FINDINGS CONSIDERED AUSES OF DEATH?	
OR CONTRIBUTE DEATH (notify m	WAS UNDERLYING NG CAUSE OF edicol exomined	21B, hame elc.)	PLACE OF INJURY (e.g., ir o, form, factory, street, af	or obout 21 C. WHERE DID	(II in Boliime	re City, give exact location)	
	Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
IAPPROX.)			e At Not While	1			
22 1	(I) (al. 1 1 - 1)	Worl					
	at (1) (this hospital)					19_	*************
	st sow the deceased			19ond	that in (my) (our) opl	Inlan death occurred on t	the dote
and hour and fo	ram the couses state	ed above. (I)	(We) (did) (did not) vi	ew the body after deat	h.		
23A. SIGNATURE	Muen.	MX	DL.	ding Med.	Staff Phys.	238, DATE SIGNED 5-3-70	
23C. PHYSICIANS NAME (Type	morella	il G	DEGREE	3D. ADDRESS	and 4	Lang.	Hosp
REMOVAL (Spe	cify) 248, DATE	24C. NA		MATORY 24D	LOCATION (C	ity, town, or county)	(Stole)
Burial	5-6-70	Park	cwood Cem.	В	alto. Md.		7
MAY 5 19	MEALTH DEPT.	25B NAME OF	REGISTRAR	25C. FUNERAL DIRECT		Inc Balto.	Md.
S 150-REV. 1/1/68							



Was

BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived, If institution: residence D. INSIDE CITY LIMITS YES NO T II Under 1 Yr. Il Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A ADDRESS 8704 Char Court Laurel Mc APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (il in Bolilmore City, give exact location) and that in (my) (our) apinion death accurred an the date 23 B. DATE SIGNED (State) Baltimore, Maryland Leonard J Ruck Inc. Baltimore, Maryland VS 150-REV. 1/1/68



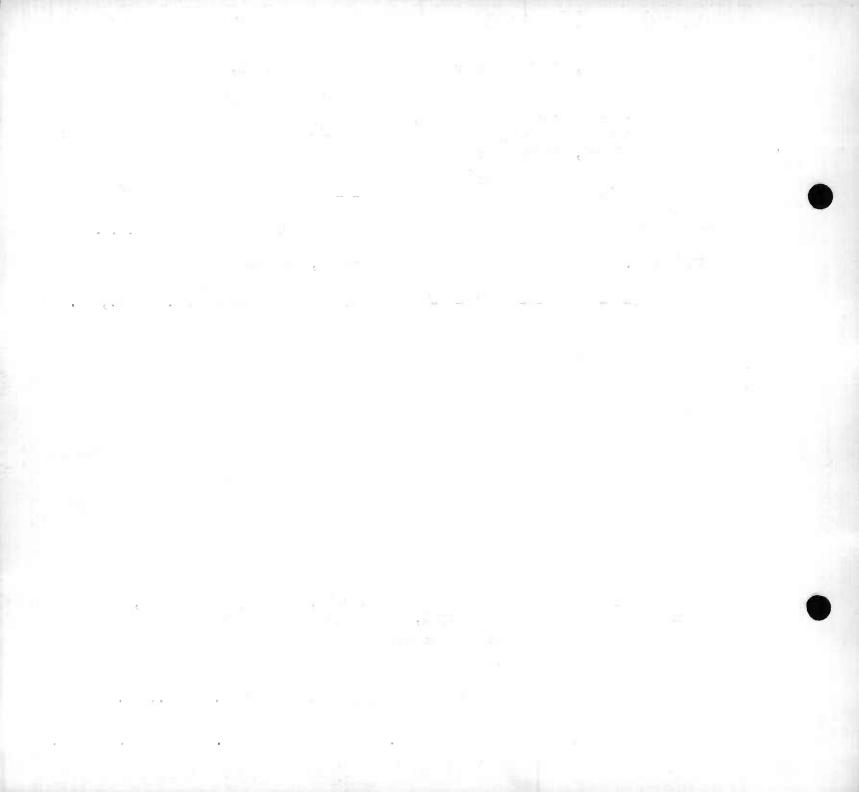
H-200 70 4625 BALTIMORE CITY HEALTH DEPARTMENT 70 MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Known Doy Month Yeor Hnur (Type or Print) OF Virginia Hess Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Hour Month Doy Year PRONOUNCED DEAD 9:00 a. **FULL NAME OF** (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 5 2 70 HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) B. COUNTY Maryland 5131 Benton Hghts. Ave. C. CITY OR TOWN 7. RACE D. INSIDE CITY LIMITS' 6. SEX 8. MARRIED NEVER MARRIED female white Baltimore WIDOWED YES X DIVORCED _ NO L E. STREET AND NUMBER 9. DATE OF BIRTH lost birthdoy) 10. AGE (In years If Under 1 Yr, if Under 24 Hrs. Months, Doys, Hours, Min. 5131 Benton Heights Ave. May 1, 1904 11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT SOUNTRY? Henry S Moody Tennessee 144. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired)

Buyer- Hecht Co Mary R Bowman 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or yoknown) (II yes, give wor or doles of service) 17. SOCIAL SECURITY NO. 217-05-0542 18. INFORMANT ADDRESS Mrs Barbara Wills Same CAUSE OF DEATH Arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follure, asthenia, etc. it means the disease, injury or complication which coused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). CERTIFICATIO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)-20A. DATE OF OPERATION 120B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) no 22B. PLACE OF INJURY (e.g., in or obout) 22C. WHERE DID (II in Baltimore City, give exact location) home, farm, loctory, street, office bldg., etc.) INJURY OCCUR? 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Year) OF INJURY NOT WHILE WHILE AT (APPROX.) m. WORK AT WORK 23. Inspection X Autopsy I certify that I held on Inquiry ond that on this basis, death in my opinion resulted from: Natural causes Accident Suicide Homicide ___ Undetermined manner

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGN ATURE. ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner **EXAMINER'S** 5/2/70 M.D. NAME (Type) Werner U. Spitz, 24A. BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY 248. DATE 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) **/8/**70 Baltimore. Maryland Burial New Cathedral 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck Inc. Baltimore, Maryland VS 151-REV. 1/1/68

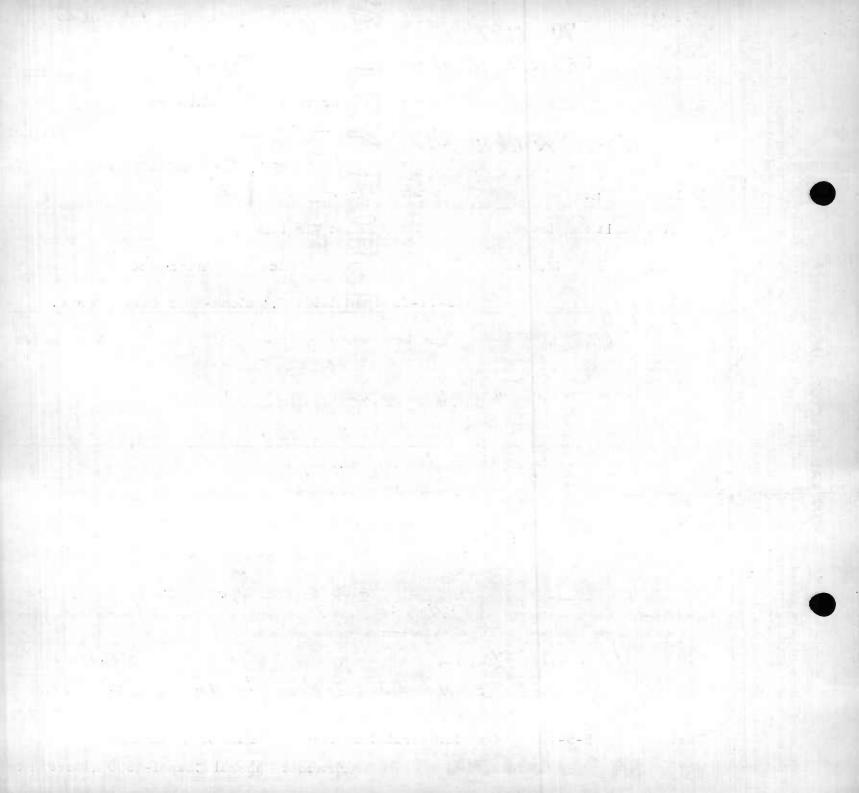
, Light of the second of the second of the second

1)-120	70	4626		HEALTH DEPARTMENT	X REG. NO.	70	4626
BIRTH NO.	CEASED		CERTIFICA	TE OF DEATH	ND HOUR OF DEATH		
(Type or Print)	DUBS, Wil	liam Art	hur	and the second s	y 1, 1970	1	2:05 A
	ALTIMORE, MARYLAND, V	HERE PRONOUN	CED DEAD	A. STATE B. COU	are deceased lived, tt in	stitution: residenc	e befare odmission
HOSPITAL OR	F (IF NOT IN HOSMI ADDRESS OF LOC. Jeterans Admin	ATIONI	Hognital	C. CITY OR TOWN		IDE CITY LIMITS?	200
	3900 Loch Rave	n Blad	Troppidat	Baltimore		YES 🗍	ио 🔀
	Baltimore, Mar		218	E. STREET AND NUMBER LILL Dartmou	th Ave		
5. SEX	6. RACE	7. MARRIED X	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Yr. Months: Doys	Il Under 24 His
Male	White	WIDOWED	DIVORCED	1-4-95	lost birthday	Months Doys	Hours Min.
done during most of Carpente	t working life, even if relired)	108, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for Pennsylvania	oign countryl	U.S.A.	F WHAT COUNTR
William	S. Dubs			Anna B, Babyl			
5. Was Decease	d Ever in U. S. Armed For	ces?	6. SOCIAL	17. INFORMANT	Records	ADDI	RESS
Yes	7-21-17 To 7	-2-20 2:	SECURITY NO. 14-03-4915	VAH, 3900 Loch		Balto.,	Md. 21218
18.49	/ X I		CAUSE OF DEAT	4			OXIMATE INTERVAL
DISE	LEADING TO DEATH	RECTLY				1	IN GINGET AND DEATH
(This does		dulan an	(A) IMMEDIATE CAL	ISE COR PU	LMONALE	/	Year.
heort foilure	nat meen the mode of , osthenia, etc. It means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:			P
injury or co	mplication which caused	death.)					
	ANTECEDENT CAUSES		(8)	PULMONARY	EMPHYSEN	1	2 Years
rise lo t	OR CONDITIONS, ii the above cause (A) IG CONDITION last,	any, giving slaling the		A CONSEQUENCE OF: RONIC BRONC	HITIS	3.	2 Years
	- 11		\\(\sigma_{\color=1}^{\color=1} \)				***************************************
OTHER SIGN	IFICANT CONDITIONS CO THE BUT NOT RELATED TO TO CONDITION GIVEN IN PAR	HE TERMINAL		ASCVD.		/.	2 Years.
OTHER SIGN TO THE DEA DISEASE OR 19A. DATE O	F OPERATION 198. CON WAS PER	DITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes of N	IN CERTIFYING CA		IDERED?
OR CONTRIB	ENT WAS UNDERLYING L UTING CAUSE OF y medical examined		ACE OF INJURY (e.g., in form, foctory, street, of	or about 21C. WHERE DID	(If In Boltimor	e City, give exoci	
OF INJURY	(Month) (Doy) (Year	(Hour 21E IN	JURY OCCURRED	21F. HOW DID IN.	URY OCCUR?		
(APPROX.)		While	At Work				
22 1	y that (t) (this hospital				70	7	- 70
) lost sow the decease			April 19, 1970ond th	19 <u>70 to Ma</u> not in (¥y) (our) opin		urred on the dat
ond hour or	d from the couses stat	ed above. (1) (We) (did) felie net) v	iew the body ofter death.			
23A. SIGNAT						238, DATE SIGN	IED
	-14 Cum	and chal	After Phys	nding Med.	Shaff Phys.	5.1.	70
23C. PHYSICI NAME (AARC	T.A. SY	DEGREE	30. ADDRESS 3900 Loch Raven		., Md. 2	1218
24A. BURIAL CR	EMATION, 24R DATE	24C. NAM	DEGREE LE of CEMETERY OF CRE	MATORY 1240 I	OCATION (Cit	y, town, or count	y) (State)
Burial	(Specify)					•	•
	5-4-70		wood Cem.			alto.	Md.
MAY 5	1970 Jobers E	25 NAME OF	LOO O	Leonard J			ford Rd
S 150-REV. 1/1.	/68						

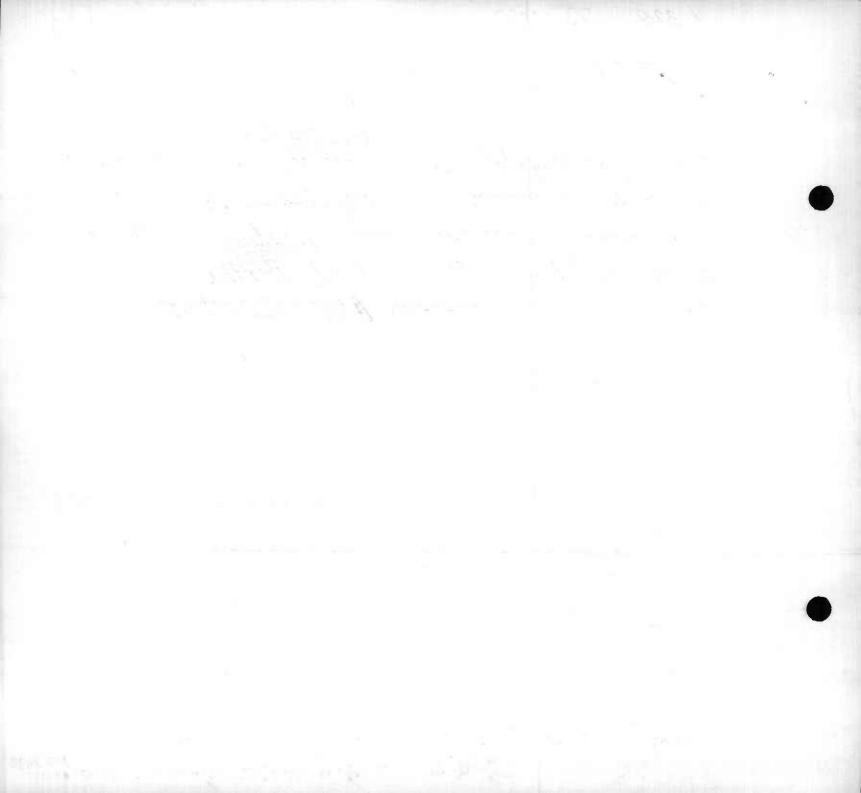


FUNERAL DIRECTOR: IMPORTANT

11	.15/			BALTIMORE CITY	HEALTH DEPARTMENT		70 1627
PIDTH N	900	70	1027	CERTIFICA	TE OF DEATH	REG. NO	4661
1. NAME	OF DECEASED		4D~1		2. DATE A	ND HOUR OF DEATH	1
(Type or	Print)	ChAR	Les 1	1) MALON	0	5-1-70	M.
3. PLAC	E IN BALTIMOR	E, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Wh		institution: residence before odmission)
FULL NA HOSPITA INSTITUT	LOR A	F NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland c. CITY OR TOWN	Baltimo D. IN	re 283/
1	0 418	25 Sm	BOOK	Ave	Baltimore E. STREET AND NUMBER		YES NO
0) 10	15 000	77967	71.0	4815 Snader	Avenue 21	215
5. SEX	6. RA	E	7- MARRIED	X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Mal	e W	hite	WIDOWED		6-19-1907	lost birthday)	Months Doys Hours Min.
		N (Give kind of work life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
		It Employ	yee		West Virginia		USA
13. FATH	ER'S NAME			The state of	14. MOTHER'S MAIDEN NA	ME	
Ph	illip	S Ma	lone		Alice	Underv	wood
15. Was I	Deceased Ever in	U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO		, , , , , , , , , , , , , , , , , , , ,			Adelaide F. M	alone-4815	Snader Avenue
18.	1111	4		CAUSE OF DEAT			APPROXIMATE INTERVAL
		CONDITION DI	RECTLY	Carcin	ma a los	neue	BETWEEN ONSET AND DEATH
/This		ING TO DEATH	dutas as	(A) IMMEDIATE CAL	SE	0,	0 //4/43
		an the made of		DUE TO, OR AS	A CONSEQUENCE OF	alee	
		ia, etc. 11 means			Therese		
injur	y ar camplicati	an which caused	death.)		There		
	y ar camplicati	EDENT CAUSES	death.)	(B)	TONE TOWN OF		
DISE	y ar camplicati ANTEC	an which caused	death.) any, giving		A CONSEQUENCE OF:		
DISE	y ar camplicati ANTEC	EDENT CAUSES ONDITIONS, if ve cause (A)	death.) any, giving		A CONSEQUENCE OF:		
DISE rise UNI	ANTEC ASES OR CC 1a the aba DERLYING CON	an which caused EDENT CAUSES DIDITIONS, if we cause (A) HIDITION last.	any, giving stoling the	7			
DISE USE	ANTEC ANTEC ASES OR CO In the aba DERLYING CON ER SIGNIFICANT HE DEATH BUT ASE OR CONDIT	an which caused EDENT CAUSES DIDITIONS, if ve cause (A) NDITION last. I CONDITIONS CO NOT RELATED TO TO ON GIVEN IN PAR	any, giving stoling the NTRIBUTING HE TERMINAL IT 1 (A).	(c)	nar	(a) 208. IF YES WEDE	FINDINGS CONSIDERED
DISE USE	ANTEC ANTEC ASES OR CO In the aba DERLYING CON ER SIGNIFICANT HE DEATH BUT ASE OR CONDIT	an which caused EDENT CAUSES DIDITIONS, if ve cause (A) NDITION last. I CONDITIONS CO NOT RELATED TO TO ON GIVEN IN PAR	any, giving stoling the NTRIBUTING HE TERMINAL IT (A).	7			FINDINGS CONSIDERED AUSES OF DEATH?
DISE UNIT OF THE CANAL OF THE C	ANTEC ANSES OR CC In the aba DERLYING CON ER SIGNIFICANT HE DEATH BUT ASE OR CONDITI	CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION PARATION 198. CONDITION WAS PERIOD CAUSE OF	any, giving stoling the NTRIBUTING HE TERMINAL (T) (A). IDITION FOR YEARS OF THE PROPERTY OF T	WHICH OPERATION PLACE OF INJURY (e.g., i	20A. AUTOPSY? (Yes or N	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location)
DISE TISE UNIT ON OTHER TOTAL ON OTH	ANTEC ASSES OR CO In the abo DERLYING COP ER SIGNIFICANT HE DEATH BUT ASSE OR CONDITI DATE OF OPER. ACCIDENT WA ONTRIBUTING I'M (notify medic TIME (Mont	CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION PARATION 198. CONDITION WAS PERIOD CAUSE OF	any, giving stoling the NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR MED	WHICH OPERATION PLACE OF INJURY (e.g., i	20A. AUTOPSY? (Yes or N	IN CERTIFYING C.	AUSES OF DEATH?
DISE HISE UNIT ON OTHER TOTAL ON OTHER TOTAL ON OTHER TOTAL OTHER TOTAL ON OTHER TOTAL OTH	ANTEC ASES OR CO TO THE DEATH BUT ASE OF CONDITION ASE OF CONDITION ACCIDENT WA CONTRIBUTING I'M (notify medic	EDENT CAUSES DIDITIONS, if ve cause (A) NOTION last. I CONDITIONS CO NOT RELATED TO TI ON GIVEN IN PAR ATION 19B. CON WAS PERI S UNDERLYING CAUSE OF ol examiner)	any, giving stoling the NTRIBUTING HE TERMINAL IT I (A). CHOUN 21E.	WHICH OPERATION PLACE OF INJURY (e.g., in the form, foctory, street, of the form) INJURY OCCURRED ile At Not While	20A. AUTOPSY? (Yes or Not of obout 21C. WHERE DID fice bidg., INJURY OC CUR?	IN CERTIFYING C.	AUSES OF DEATH?
DISE HISE UND OTHER UND OTHER DISE. 19A. 21A. OF III (APP	ANTEC ANSES OR CO In the abo DERLYING CON ER SIGNIFICANT HE DEATH BUT HE DEATH BUT HASE OR CONDIT DATE OF OPER. ACCIDENT WA CONTRIBUTING I'M (notify medic TIME (Mont NJURY ROX.)	an which caused EDENT CAUSES DIDITIONS, if we cause (A) NOTION last. I CONDITIONS CO NOT RELATED TO TI ON GIVEN IN PAR ATION 19B. CON WAS PERI S UNDERLYING CAUSE OF of examiner) h) (Doy) (Yeer)	any, giving sloling the NTRIBUTING HE TERMINAL (TI (A). IDITION FOR YEAR (Hour) 21E, Wh.	WHICH OPERATION PLACE OF INJURY (e.g., it is, form, foctory, street, of its injury occurred its At Not While	20A. AUTOPSY? (Yes or Not of obout 21C. WHERE DID fice bidg., INJURY OC CUR?	IN CERTIFYING C.	Ore City, give exact location
DISE HISE UNIT ON OTHER UNIT ON COLUMN OTHER UNIT ON COLUMN OR ICOLUMN (APP	ANTEC ASSES OR CO In the aba DERLYING CON ER SIGNIFICANT HE DEATH BUT ASSE OR CONDITION DATE OF OPER. ACCIDENT WA CONTRIBUTING I'M (Montal NJURY ROX.) Certify that (an which caused EDENT CAUSES DIDITIONS, if we cause (A) NOTION last. I CONDITIONS CO NOT RELATED TO TI ON GIVEN IN PAR ATION 19B. CON WAS PERI S UNDERLYING CAUSE OF of examiner) h) (Doy) (Yeer)	any, giving stoling the NTRIBUTING HE TERMINAL IT I (A). CHOUND TORMED 21B. hometc. (Houn) 21E. Wh. wo	WHICH OPERATION PLACE OF INJURY (e.g., in the control of the cont	20A. AUTOPSY? (Yes or Not or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	IN CERTIFYING C. (If in Boltimo	AUSES OF DEATH?
DISE rise UNIT OF THE TOTAL OF	ANTEC ANSES OR CO 1a the aba DERLYING CON ER SIGNIFICANT HE DEATH BUT ASE OR CONDITI DATE OF OPER. ACCIDENT WA CONTRIBUTING I'M (notify medic TIME (Mont NJURY ROX.) Certify that ((I) (we) last s	an which caused an which caused (EDENT CAUSES) DNDITIONS, if we cause (A) NDITION last. II CONDITIONS CONOT RELATED TO TOON GIVEN IN PARATION 198. CONWAS PERIOD CAUSE OF ol examiner) I) (this heepital caw the decease	any, giving stoling the NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR VERNED 21B hometc. (Hour) 21E, Who wold alive an	WHICH OPERATION PLACE OF INJURY (e.g., in the form, foctory, street, of the form) INJURY OCCURRED ille At	20A. AUTOPSY? (Yes or Not or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	IN CERTIFYING C. (If in Boltime IJURY OCCUR? 19 0 ta	ore City, give exoct location) 1973 Dinian death occurred an the date
DISE rise UNIT OF THE TOTAL OF	ANTEC ANSES OR CO 1a the aba DERLYING CON ER SIGNIFICANT HE DEATH BUT ASE OR CONDITI DATE OF OPER. ACCIDENT WA CONTRIBUTING I'M (notify medic TIME (Mont NJURY ROX.) Certify that ((I) (we) last s	an which caused an which caused (EDENT CAUSES) DNDITIONS, if we cause (A) NDITION last. II CONDITIONS CONOT RELATED TO TOON GIVEN IN PARATION 198. CONWAS PERIOD CAUSE OF ol examiner) I) (this heepital caw the decease	any, giving stoling the NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR VERNED 21B hometc. (Hour) 21E, Who wold alive an	WHICH OPERATION PLACE OF INJURY (e.g., in the form, foctory, street, of the form) INJURY OCCURRED ile At	20A. AUTOPSY? (Yes or Note that the bidg. INJURY OCCUR? 21F. HOW DID IN 19 70 and the bidy after death.	JURY OCCUR?	Auses of Death? Ore City, give exact location)
DISE rise UNIT OF THE TOTAL OF	ANTEC ANSES OR CO 1a the aba DERLYING CON ER SIGNIFICANT HE DEATH BUT ASE OR CONDITI DATE OF OPER. ACCIDENT WA CONTRIBUTING I'M (notify medic TIME (Mont NJURY ROX.) Certify that ((I) (we) last s haur and fram	an which caused an which caused (EDENT CAUSES) DNDITIONS, if we cause (A) NDITION last. II CONDITIONS CONOT RELATED TO TON GIVEN IN PARATION 198. CONWAS PERIOD CAUSE OF olexaminer) I) (this heepital caw the decease	any, giving stoling the NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR VERNED 21B hometc. (Hour) 21E, Who wold alive an	WHICH OPERATION PLACE OF INJURY (e.g., in the form, foctory, street, of the form) INJURY OCCURRED ile At	20A. AUTOPSY? (Yes or Note that the bldg. INJURY OCCUR? 21F. HOW DID IN 21F. HOW DID IN 21F. How did in the bldg after death.	IN CERTIFYING C. (If in Boltime IJURY OCCUR? 19 0 ta	ore City, give exoct location) 1973 Dinian death occurred an the date
DISE rise UNIT VINIT VIN	ANTEC ANSES OR CO 1a the aba DERLYING CON ER SIGNIFICANT HE DEATH BUT ASE OR CONDITI DATE OF OPER. ACCIDENT WA CONTRIBUTING I'M (notify medic TIME (Mont NJURY ROX.) Certify that ((I) (we) last s haur and fram	an which caused an which caused (EDENT CAUSES) DNDITIONS, if we cause (A) NDITION last. II CONDITIONS CONOT RELATED TO TON GIVEN IN PARATION 198. CONWAS PERIOD CAUSE OF olexaminer) I) (this heepital caw the decease	any, giving stoling the NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR VERNED 21B hometc. (Hour) 21E, Who wold alive an	WHICH OPERATION PLACE OF INJURY (e.g., integration of the property of the pro	20A. AUTOPSY? (Yes or Note that the bldg. INJURY OCCUR? 21F. HOW DID IN 21F. HOW DID IN 21F. How did in the bldg after death.	IN CERTIFYING C. (If in Boltime IJURY OCCUR? 19 70 ta	ore City, give exoct location) 1973 Dinian death occurred an the date
DISE rise UNII VINII VIN	ANTEC ANSES OR CO In the abo DERLYING CON RESIGNIFICANT HE DEATH BUT ASE OR CONDITION ONTRIBUTING (IME (Mont NURY ROX.) Certify that ((I) (we) last s haur and fram SIGNATURE PHYSICIAN'S NAME (Type)	an which caused an which caused (EDENT CAUSES) (EDENT CAUSES) (INDITIONS, if we cause (A) (IDITION last. CONDITIONS CONTRICATED TO TION GIVEN IN PARATION 19B. CONWAS PERIOD (CAUSE OF ol examiner) CAUSE OF ol examiner) (I) (this heepital saw the decease the causes stated the causes stated (IDITION) (I	any, giving stoling the NTRIBUTING HE TERMINAL IT 1 (A). Inpition FOR Vertical (Hour) 21E, Why wo	WHICH OPERATION PLACE OF INJURY (e.g., integration of the property of the pro	20A. AUTOPSY? (Yes or Note to bidg., INJURY OCCUR?) 21F. HOW DID IN 21F. HOW DID IN 31	IN CERTIFYING C. (If in Boltime JURY OCCUR? 19 70 ta	ore City, give exoct location) 1973 Dinian death occurred an the date
DISE rise UNII VINII VIN	ANTEC ANSES OR CO In the aba DERLYING CON RESIGNIFICANT HE DEATH BUT ASE OR CONDITION ONTRIBUTING (IT (Montal) (I) (we) last shour and fram SIGNATURE PHYSICIAN'S NAME (Type) IAL CREMATIO AOVAL (Specify)	an which caused an which caused (EDENT CAUSES) (EDENT CAUSES) (INDITIONS, if we cause (A) (IDITION last. CONDITIONS CONTRICATED TO TION GIVEN IN PARATION 19B. CONWAS PERIOD (CAUSE OF ol examiner) CAUSE OF ol examiner) (I) (this heepital saw the decease the causes stated the causes stated (IDITION) (I	any, giving stoling the NTRIBUTING HE TERMINAL IT I (A). IDITION FOR YEAR OF THE PROPERTY OF T	WHICH OPERATION PLACE OF INJURY (e.g., in the control of the cont	20A. AUTOPSY? (Yes or Note to bloom of the bldg. INJURY OCCUR? 21F. HOW DID IN 22F. HOW D	IN CERTIFYING C. (If in Boltime JURY OCCUR? 19 70 ta	Dinian death occurred an the date 23B. DATE SIGNED
DISE rise UNIT OTHER LAND OF THE LAND OF T	ANTEC ANSES OR CO In the aba DERLYING CON RESIGNIFICANT HE DEATH BUT ASE OR CONDITION ONTRIBUTING (IT (Montal) (I) (we) last shour and fram SIGNATURE PHYSICIAN'S NAME (Type) IAL CREMATIO AOVAL (Specify)	an which caused an which caused (EDENT CAUSES) (CAUSE (A) (CAUSE (A) (CAUSE) (any, giving stoling the NTRIBUTING HE TERMINAL RIT (A). IDITION FOR YEAR (Hour) 21E. Why wo we ted above. (If the data was a steel above.)	WHICH OPERATION PLACE OF INJURY (e.g., integration of the process	20A. AUTOPSY? (Yes or Not on a company of the bidg. INJURY OCCUR? 21F. HOW DID IN 22F. HOW DID IN 23D, ADDRESS PARC F MATORY 24D. 25C. FUNERAL DIRECTO	IN CERTIFYING C. (If in Boltimo IJURY OCCUR? 19 70 ta hat in (my) (our) ap Shoff Phys. LOCATION (C.) altimore, M.	Dinian death occurred an the date 23B. DATE SIGNED



VS 150-REV. 1/1/68



IMPORTAN

DIRECTOR:

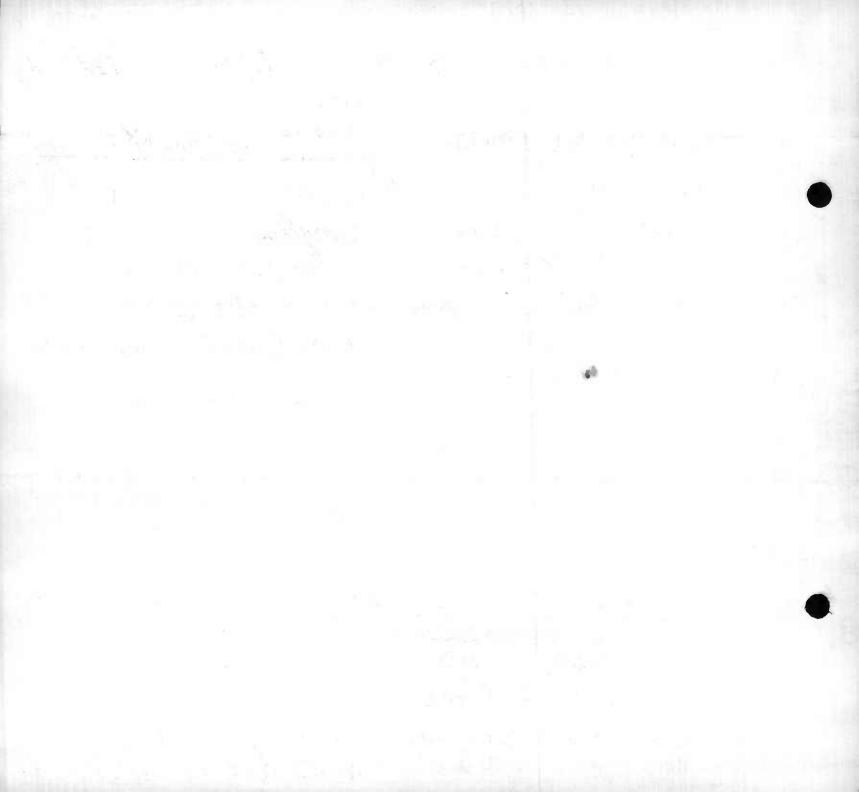
FUNERAL

NO

Hours

If Under 24 Hrs.

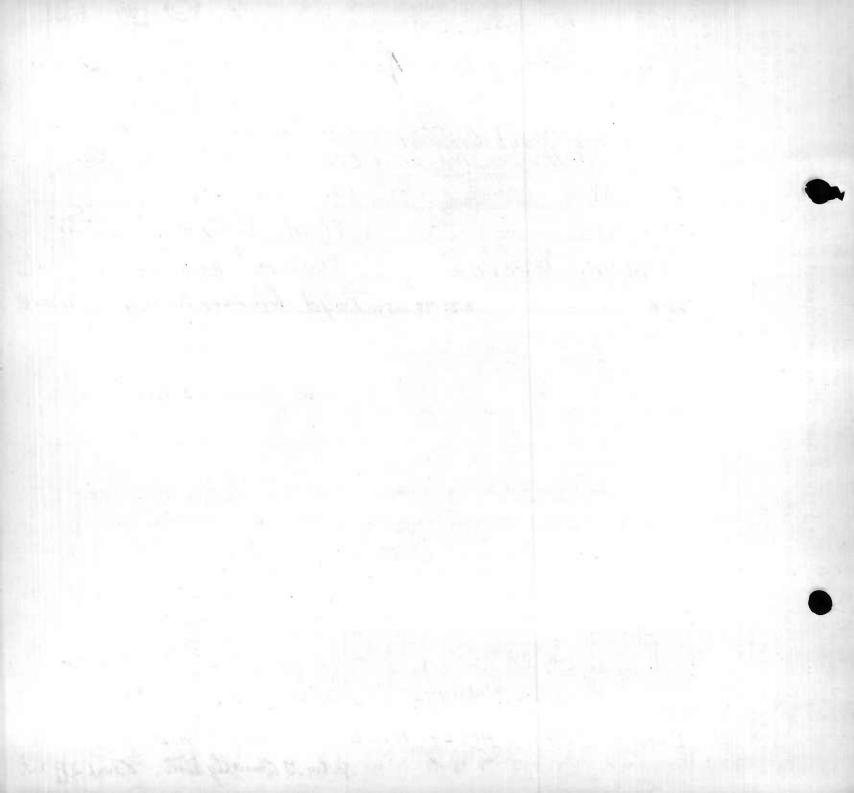
(Stote)



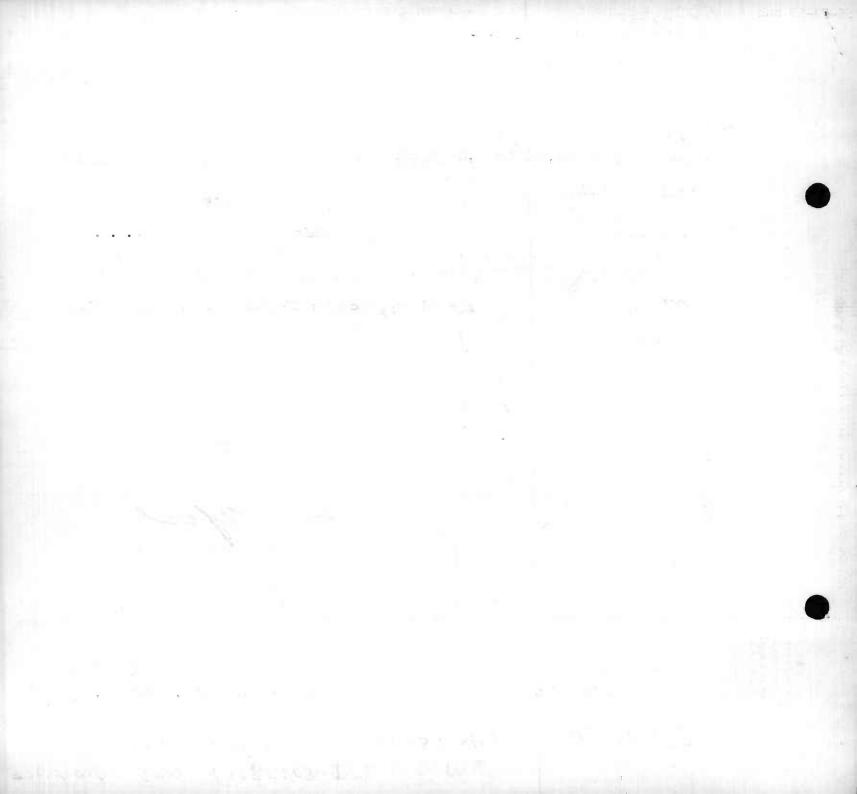
RGB

0	0=5	. 50	1000	BALTIMORE CITY	HEALTH DEPARTMENT		70 4020
POT)-200	70	4630	CERTIFICA	TE OF DEATH	REG. NO	70 4600
I.N.	AME OF DECI	ASED			2. DATE A	ND HOUR OF DEATH	
	e or Print)*		John Back	hman	1	May 1, 1970	111:50 A M
C	ERTI	FICATE ADDRESS OF LOCA	AL OR INSTITUTION	ON, GIVE STREET	A. STATE B. COU	ere deceased lived. If	institution: residence before odmissian)
IN S	US Pub	lic Health Se	rvice Hos	5-7-70 spital	Johns town	D. IN	YES NO
X	3100 Wy	man Parkway	7 4 7 0 0 110	Pr oar	E. STREET AND NUMBER		TES [NO [
					Rt. 3		
s. s		6. RACE	7. MARRIEDXX	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	M	W	WIDOWED	DIVORCED	6/25/26	last birthdoyl	
		vorking life, even if retired)	108. KIND OF BU	JSINESS OR INDUSTRY	Ohio	reign country)	12. CITIZEN OF WHAT COUNTRY
3. F	ATHER'S NAM	A E			14. MOTHER'S MAIDEN NA	AME	
	Ha	rold Bachman			Leota Miller	?	
Yes,	Vas Deceased no or unknown) es	Ever in U. S. Armed For III yes, give wor or dote USN 1944-194		Security No. 30-20-2394	17. INFORMANT Records_ US	PHS Hospita	1, Balto, Md.
CATION	hearl failure, injury or com A DISEASES Orise to the UNDERLYING OTHER SIGNIFT TO THE DEATH DISEASE OR CO	at mean the made of sasthenia, etc. Il means plication which caused NTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last. IL CANT CONDITIONS COINTIONS COINTION GIVEN IN PAR OPPERATION 1798. CONDITION 1798.	the disease, death.) any, giving stating the NTRIBUTING TETERMINAL TO (A).	(B)	A CONSEQUENCE OF: A CONSEQUENCE OF:	No. 208 IE VES WEDE	EINDINGS CONSIDERED
RTIF	2.	WAS PERF	ORMED	TOTAL STREET	yes	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
_	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examiner	21 B. PL home, etc.)	ACE OF INJURY (e.g., i farm, foctary, street, of	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimo	ore City, give exact location)
	21 D. TIME OF INJURY (APPROX.)	(Manth) (Doy) (Year)	(Hour) 21 E. IN While Work	At Not While At Work	21 F. HOW DID IN	JURY OCCUR?	
	that (1) (we)	that (V) (this hospital last sow the decease from the causes stat	d olive on	May 1			19.70
	ZZA. SIGNATU	RE D.P	0	2 4			23B. DATE SIGNED
	22 C. THYSICIAL NAME (T)		Blace auda MD.		23D. ADDRESS	Shaff Phys. X	5/1/70 lto, Md.
24A.	BURIAL CREA	AATION, 248. DATE		E of CEMETERY of CRI		LOCATION . (C	City, town, or county) (Stote)
	Removal	al 5/570		t Lawn Cemet	ery	Johnstown.	Ohio Ohio
2 S A.	DATE REC'D	BY HEALTH DEPT.	25B. HAND OF	DECEMBERAS	LORING BYER	SR 8728 LIBE	ADDRESS CALL

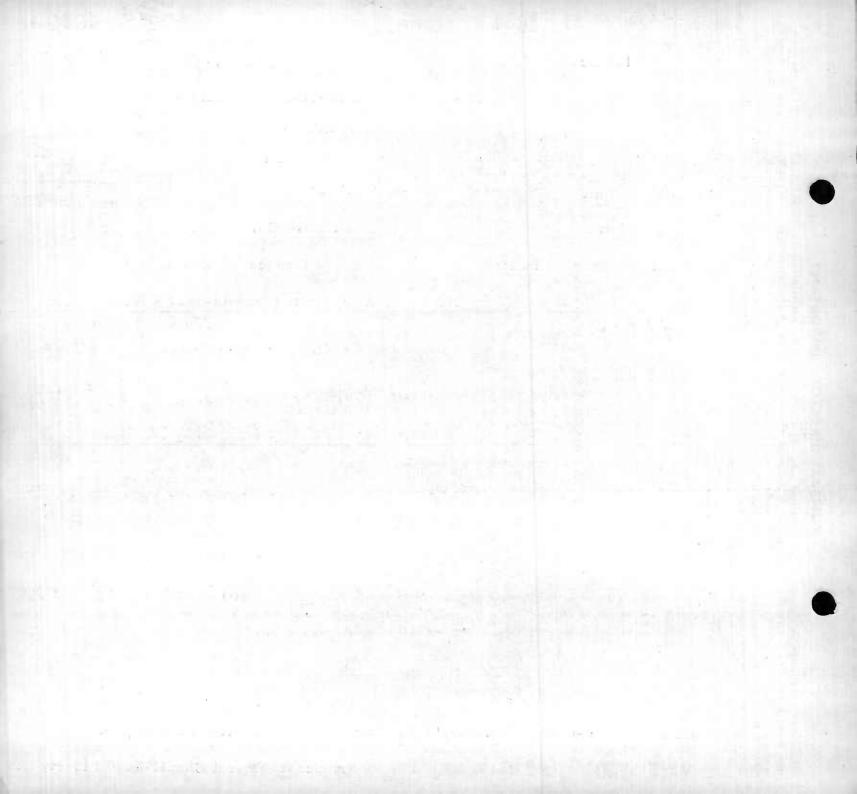
1	nti min	BALTIMORE CITY	HEALTH DEPARTMENT	1	0 4024
BIRT	U-25/ /U 463	1 CERTIFICA	TE OF DEATH	REG. NO.	0 4601
1. N	AME OF DECEASED	0	2, DATE AND	HOUR OF DEATH	- 0
	Duesen Berry	y GERALding	e G, 5-2	-70	13 P. M.
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PER	SNOUNCED DEAD	A. STATE B. COUNT		n: residence before odmission)
HO	LL NAME OF (IF NOT IN HOSPITAL OR IN OSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYIAN	d BA	LTO, 53-00
INS	STITUTION LUTHERAN HE	SpITAL	C. CITY OR TOWN	D. INSIDE CIT	
	141 730 Ashb	ukton st.	E. STREET AND NUMBER	1 1	01
	TO BAHIMOR	e, md. 21216	Box 96 B	IRDRIVER	Kd.
5. S	6. RACE 7. MARE	RIED WEVER MARRIED		AGE (In years If U	nder 1 Yr. If Under 24 His. hs Days Hours Min.
	F VV WIDON		12-8-30	39	
done	. USUAL OCCUPATION (Give kind af work 10B, KIN) e during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n cauntry) 12. C	CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE		VYEST VI	RYINIA	U.S.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
15 1	TRANK GER	VAS	TRANCES	MARTELI	
	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war ar dates of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	/	ADDRESS
	No	2-33-44-7576	Doyd Que	SENDERRY	JAME,
1.	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		V	BETWEEN ONSET AND DEATH,
	LEADING TO DEATH	(A)IMMEDIATE CAU	" Cerebral r	netastasis	and
	(This does not meon the mode of dying, heart lailure, asthenia, etc. II meons the dise	e.g., DUE TO OR AS	CONSEQUENCE OF:	range of or	4
	injury or complication which coused death.)	from	: 0.10	to the same of the	
	ANTECEDENT CAUSES	(8)	CARCINOM	A OF WINGS	16 day.
	DISEASES OR CONDITIONS, if ony, gi		A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(C)			
z	II	10			
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG NAL			
	DISEASE OR CONDITION GIVEN IN PART † (A). 19 A. DATE OF OPERATION 19 B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDIN	GS CONSIDERED
ERTIFIC	WAS PERFORMED			IN CERTIFYING CAUSES C	or DEATH?
AL C	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, aff etc.)	ice bldg., INJURY OCCUR?	(If In Baltimare City,	give exoct locotian)
EDIC	21D. TIME (Month) (Day) (Yeo) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
2	OF INJURY (APPROX.)	While At At Work			
	22. I certify that (I) (this hospital) ottend		4 / 16 / 19	70 to 5	/2/1970.
		- /	. / /	*	eath occurred on the date
	that (1) (we) lost sow the deceased alive	1			
	and hour and from the couses stated above				
		e. (1) (We) (did) (did not) v	iew the body after death.	23 B. C	DATE SIGNED
	ond hour and from the couses stoted obov 23A. SIGNATURE	e. (1) (We) (did) (did not) v	nding Med. Director P		
	and hour and from the couses stated above	e. (1) (We) (did) (did not) v	iew the body after death.	23 B. C	
	ond hour and from the couses stoted obov 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) SUBASH C	e. (1) (We) (did) (did not) v	nding Med. Sirector P	Hog. Ball	T/2/70.
	ond hour and from the couses stoted obov 23A. SIGNATURE That C. Llu 23C. PHYSICIAN'S	e. (1) (We) (did) (did not) v	nding Med. Spirectar P	Hog. Ball	
	ond hour and from the couses stoted obove 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) UBASH C. BURIAL CREMATION, 24B. DATE 24	e. (1) (We) (did) (did not) v	nding Med. Sirector P	Hog. Ball	T/2/70.
	ond hour and from the couses stoted obove 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) UBASH C. BURIAL CREMATION, 24B. DATE 24	AHUTA. C. NAME OF CEMETERY OF CRE HOLLY HIL	meding Med. Director P P P P P P P P P P P P P P P P P P P	Hog. Ball	DATE SIGNED 7/2/70. 1. M.) In, or county) (Stole)



5/8/10- Buth patification from State of maryland. for NICHOLAS HARVED PORTER. D.B. 3/16/1921.



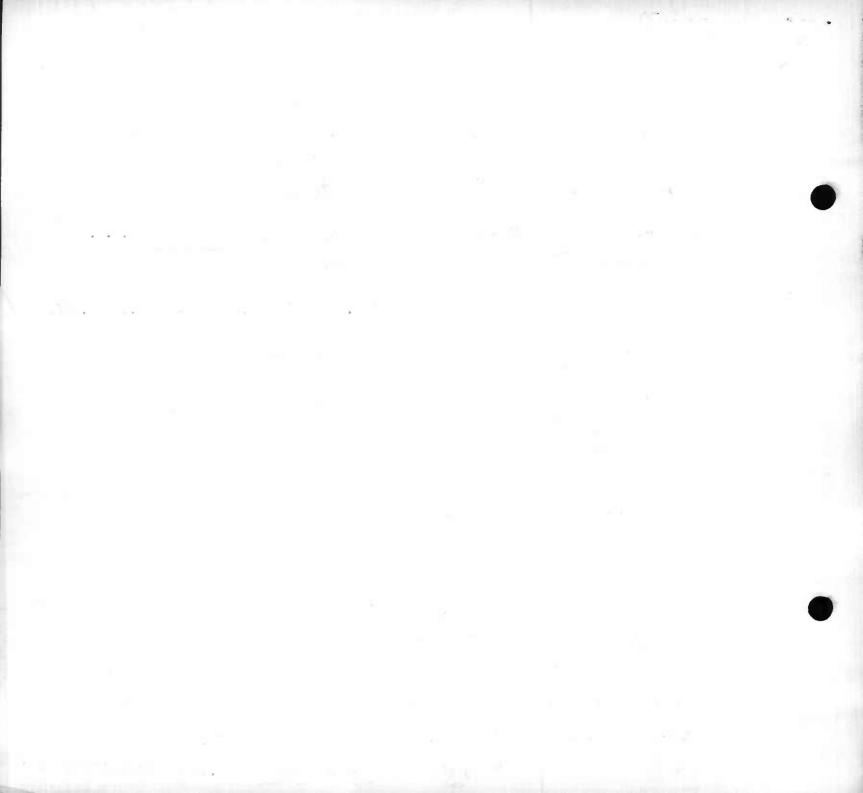
1		- A	BALTIMORE CITY	HEALTH DEPARTMENT		70
5-5-2	5 70	4634	CERTIFICA	TE OF DEATH	REG. NO	4634
BIRTH NO.	EASED			2. DATE A	ND HOUR OF DEATH	1 . 1
(Type or Print)	Florence B	Johnso		Apri	11 30, 1970	1.30 A.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceosed lived. II in NTY	stitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	Maryland	Baltimore D. INS	IDE CITY LIMITS?
90				Baltimore E. STREET AND NUMBER		YESXX NO [
ANDE	RSON NURSI	NG HOI	ME	1527 Pentrid	ge Road	
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 Hrs Months: Doys Hours Min.
Female	White	WIDOWED	DIVORCED	8-23-1877	lost birthdoy) 92	With the state of
MA. USUAL OCC	UPATION (Give kind of work	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY
done during most of	working life, even if retired) Home	T. at		Baltimore Co	Maryland	USA
3. FATHER'S NA				14. MOTHER'S MAIDEN NA		ODA
	m Henry Li			Florence	e Ensor	
S. Wos Deceased Yes, no or unknown	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO			NO	Marguerite Go	odwin-1527	Pentridge Road
1B. / / /	2 31		CAUSE OF DEAT		188.1	APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY		0 1 1	1 131200	BETWEEN ONSET AND DEAT
	LEADING TO DEATH		(A) IMMEDIATE CAL	selver elevel of	hrombon	· 2wh
	not mean the mode of asthenia, etc. It means		DUE TO, OR AS			
	nplication which caused			h 1 C		
	ANTECEDENT CAUSES		110 21	Broncho- (1)	house have	5 days
DISEASES O	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF	11 1 2	
rise to th	e above cause (A) G CONDITION lost.		(c) artern	j - Schrote A	fa of Disa	7 5 pr
	II		0	1 1 001	00	
O OTHER SIGNIE	CANT CONDITIONS CO		Fener	almed lites	10 - Selin	7_
A DISEASE OR C	TH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	T + (A).		0		
19A. DATE OF	OPERATION 198. CON	DITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or N	ON CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDE	NT WAS UNDERLYING	7 218,	PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimor	re City, give exoct location)
OR CONTRIBI	TING CAUSE OF		e, form, foctory, street, of	fice bldg., INJURY OCCUR?	(,,	
5				015 115 115 115		
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		Wor	te At Not While	e 🗌	1	. /
22. I certify	that (1) (this hospital) attended th	he deceosed from	18-	1969 to Cyn	1 30 19 70
	last sow the decease		A . 1 11.	- 19 20 and t	hat in (my) (nion death occurred on the da
			70			mon death occurred on the de
		red above. (I) (me) (ara) (did not) v	lew the bady after death.		DOD DATE SIGNED
23A. SIGNATU	001		Atte	nding Med.	Staff	23B. DATE SIGNED
"Cun	1 L. Chan	hung	DEGREE Phy	S. Director	Phys.	21210
NAME (T		hara	_	Was - lat Perla	I form	Better Ind
24A. BURIAL CRE	MATION, 24B. DATE	24C. NA	DEGREE OF CRI	MATORY 24D.	LOCATION (C	ity, town, or county) (Stote)
REMOVAL (Burial	5-4-70		Mary's Ceme		Baltimore, N	
	BY MBAWTH DEPT.	25B. NAME C		2SC. FUNERAL DIRECTO		ADDRESS
1081/5	1000 On a	0.2.0	Ten a			el-4600 Liberty Ht
MAY 5 VS 150-REV. 1/1/	68	E, VALUE	the state of the s	Armacost Fo	merar Chape	ET-1000 Liberty III



VS 150-REV. 1/1/68



I	- 250			BALTIMORE CITY	HEALTH DEPAR	TMENT		PIC	
BIRTH	H NO	70	463	6 CERTIFICA	TE OF DE	ATH	REG. NO	1	4638
	ME OF DECEAS					DATE A	ND HOUR OF DEATH	-	
	N	ARCY	E#U!			Ma			8:05 AM
3. PL	ACE IN BALTIM	ORE, MARYLAND, W	HERE PRONG	DUNCED DEAD	4. USUAL RESIDE	B. COUN	ore deceased lived. If in:	stitution: 1	esidence before admissio
HOS	NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTI	TUTION, GIVE STREET	C. CITY OR TOWN			DE CITY L	5.301
21	ISINAL	HOSPITA1	OF	BALTIMORE	BALTI		5	YES 🔀	NO 🗌
7	L				E. STREET AND I	NUMBER > dl	AUE #	8	
5. SE	MALE	WHITE	WIDOWED		8. DATE OF AIRTH	04	9. AGE (in years last birthdoy)	il Unde Manths	Doys Haurs Min.
IOA. L	JSUAL OCCUPAT	NON (Give kind of working life, even if retired)	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or lare	ign country)	12, CITI	ZEN OF WHAT COUNTS
	ATTORNEY	ing mo, even it remed)	AT I	LAW	1205	SIA		u	.S.A.
_	ATHER'S NAME				14. MOTHER'S M.	_ / .	ME		
	JOSHUA EH	IUDIN			UNKNOU	υN			
5. W	os Deceosed Ever	in U. S. Armed For	ces?	16. SOCIAL	17. INFORMANT				ADDRESS
	NO	Less Size Mot ot gots	or service)	SECURITY NO.	MPC DACE	EHIMT	N 11 CLADE	AUE	ADT /AG
	8. 1 50 /)		CAUSE OF DEAT		CHUVI	N, 11 SLADE	AVE.	API. 608
KIIPICATION CITY	This does not need failure, asthingury or complice ANTI DISEASES OR Coise to the all INDERLYING CO OTHER SIGNIFICANO THE DEATH BUISEASE OR CONDITION OF OPE	IT CONDITIONS COINT NOT RELATED TO THE ITION GIVEN IN PART RATION 198 CONTROL	the discose death.) any, giving stoling the stoling the stoling the stoling the stoling the stolength of th	(B) DUE TO, OR AS (C) WHICH OPERATION AUTOLUL B PLACE OF INJURY (e.g., in	A CONSEQUENCE O	F: ○ ₩ I OF: (Yes or No	IN CERTIFYING CAU	SES OF	CONSIDERED DEATH?
2 0	EATH Inalify med	icol exemined	har	ne, larm, foctory, street, al	ice bldg., INJURY C	CCUR?	pr in paramare	City, giv	e exoct idealion;
SIV	FINJURY	nth) (Day) (Year)		E INJURY OCCURRED hile At Not While	1	LNI DID I	URY OCCUR?		
CA	APPROX.)		We	ork L At Work	' 🗆				
22	2. I certify that	(l') (this hospital)	attended t	the deceased fram	4 - 8	1	19 70 to	5-	1 19 70
1		saw the decease			19 70	and the	at in (my) (out) apin	lan deat	h occurred an the da
ar	nd havr and fra	m the causes stat	ed abave. (1) (We) (did) (did not) v	lew the bady afte	r death.			
23	A. SIGNATURE	0-0	- 1)	MD AH		,		23B, DAT	E SIGNED
	1.00	Col	y	DEGREE Phys	nding Med.	tor 🖾	Staff Phys.	M	ay 1,1850
23	NAME (Type)	10 P. SAK	JA:D. C		3D. ADDRESS SINAI		SPITAL OF	- 1B+	LTIMOUE
4A.	BURIAL CREMATI	ON, 24B. DATE		AME of CEMETERY OF CRE	MATORY	24D, LC	OCATION (City	, tawn, a	r county) (State)
	BURIAL	5-3-70	BE7	TH TFILOH		BAL	TIMORE, MARY	LAND	
5A. I	MAY 5		258. NAME	OF REGISTRAR	SOL LEVII	DIRECTOR			ADDRESS TERSTOWN ROAL



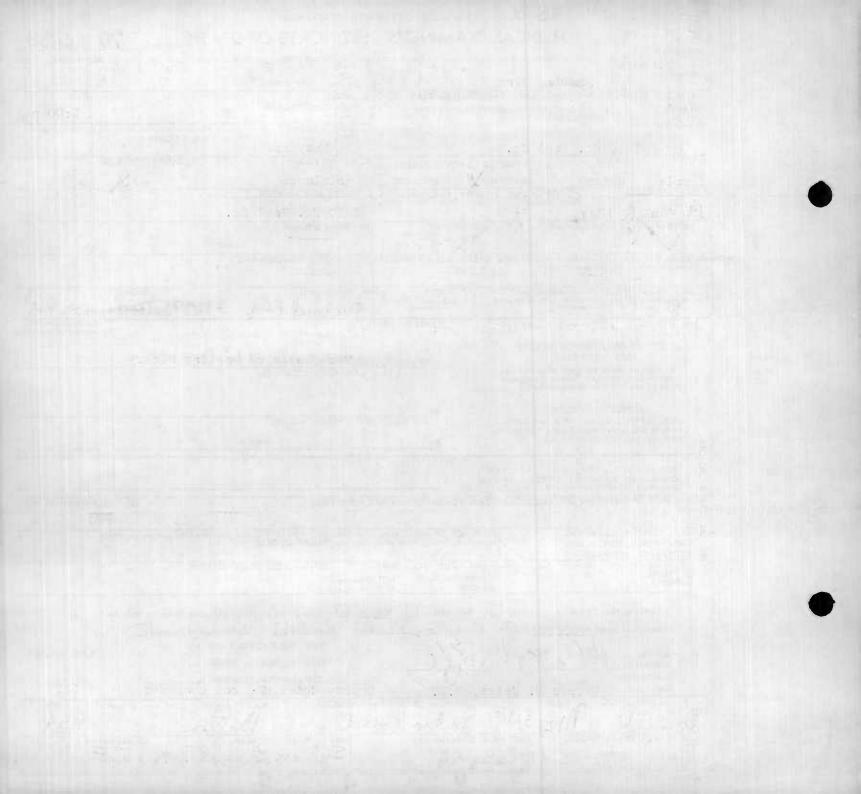
	B-425 70 46	BALTIMORE CITY CERTIFICA	HEALTH DEPARTMENT	REG. NO.	70 4637
1.1	NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	1000
	BALLASONN		5-2-	4 . 6 .	
FU	PLACE IN BALTIMORE, MARYLAND, WHERE PR JUL NAME OF (IF NOT IN HOSPITAL OR II DISPITAL OR ADDRESS OR LOCATION)		A. STATE B. COUNTY 2602+Smt£h+A+	Maryland	stitution: residence before admission)
IN	128INAI HOSpital	of Balto.	Baltimore E. STREET AND NUMBER	D. INSI	YES NO X
_		Y	2602 Smith Av		
	female White WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	Dec. 15,1899	AGE (In years st birthdoy) 70	Months Doys Hours Min.
t0A don	LUSUAL OCCUPATION (Give kind of work 10B, KIN the during most of working life, even if refired) Housewife	D OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or loreign Russia	country)	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME Simon Swreff		14. MOTHER'S MAIDEN NAME Reva ?		
5. Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) Uf yes, give wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	2/02 0	ADDRESS
			Mrs. Rita Krame	r 2602 Smi	th Avenue #21209
ATION	injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, gives to the obove cause (A) stoling UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINIDISEASE OR CONDITION GIVEN IN PART 1 (A).	NG	olandial ing A CONSEQUENCE OF: Wellers The Ca	Laction	J cular dreesse
ERTIFIC	19A DATE OF OPERATION 19R CONDITION I WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CALC	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, off etc.)	or obout 21C. WHERE DID	(If In Boltimore	City, give exoct location)
	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURREO While At Not While Work At Work		Y OCCUR?	
	22. I certify that (1) (this hospital) attend that (1) (wa) lost sow the deceased alive	- 4		70 to 3	
	ond hour and from the couses stated abov				ion deoth accurred on the dota
	Dr. Meshking	DEGREE Phys	nding Med. Sto	off D	23B, DATE SIGNED 5 - 2 - 7 9
	23C. PHYSICIAN'S NAME (Type) Hooshang Mes	2	3D. ADDRESS SINOU	Hospita	e of Balto.
24A	REMOVAL (Specily)	c.Name of CEMETERY of CRE Libawitz Nusi Ari		altimore, N	town, or county) (State)
25A		ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS Reisterstown Roa
/S	150-REV- 1/1/68				



T (100) BALTIMORE CIT	Y HEALTH DEPARTMENT
BIKIT NO.	ATE OF DEATH REG. NO. 70 4638
1. NAME OF DECEASED (Type or Print) MICHAEL JOSEPH FEELEY	2, DATE AND HOUR OF DEATH 5-4-70 170 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where deceased lived, It institution; residence before admission
	A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Mb
INSTITUTION	C.CITY OR TOWN BALTIMORE D. INSIDE CITY LIMITS? YES X NO
SOUTH BALTIMORE GENERAL HOSPITHE	E. STREET AND NUMBER
43	1822 Light Strect
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yt. If Under 24 Hrs 4/8/90 Hours Min.
10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stoto or foreign country) 12. CITIZEN OF WHAT COUNTRY
RAIL ROAD MACH- B-O.	/de/And EUSA
JAMES FEELEY	MARY ZUIL
15 Was Dossased Furnis II S Amed Forces 11 6 control	17. INFORMANT ADDRESS
(Yos, no or unknown) (If yos, give wor or dotos of sorvice)	MARGARET REBSTOCK BOX 43 TELEGRAPH Rd. SELL
18. / 10.9 1 250.9 CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY HYPUX IA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A)IMMEDIATE CA	USE INTRACTABLE CHE DAYS
(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. 11 meens the disease,	A CONSEQUENCE OF:
injury at complication which caused death.)	Ì
ANTECEDENT CAUSES MYOCAR	DIM INFARCTION C ANEURYSMAN FORMATION WEEK
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	SA CONSEQUENCE OF: VD & OCCURRY OF WERRYSMAN FORMATION WEEKS CORONARY WEEKS CORONARY
rise to the above cause (A) stating the	IN a accouga of WANT DESCENDING
UNDERLYING CONDITION last. (C) ASC	V C C C C C C C C C C C C C C C C C C C
2	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ITO THE DEATH BUT NOT RELATED TO THE TERMINAL	S MELLITUS; COPD
O DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION WAS PERFORMED 21A ACCIDENT WAS UNDERLYING 1 21B PLACE OF INJURY (c.g.,	20A. AUTOPSY? (Yes or No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, farm, factory, street, of c.j.) DEATH (notify medical examines) 21D. FIME (Month) (Doy) (Your) (Hour) OF INJURY White At Not White	in or about 21 C. WHERE DID (if In Boltimore City, give exact location) ffice bldg INJURY OCCUR?
OF INJURY (Month) (Doy) (Your) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
- Ity bbb CA1	to
Work At Work	
22. I certify that (1) (this hospital) attended the deceased from	7/18 19 10 5 /4 19 70
that (1) (we) last sow the deceased olive an 5/3	19 70ond that in (mx) (our) opinion death occurred on the date
and hour and from the couses stated above. (1) (We) (did) (did-not)	view the body after death.
23A. SIGNATURE	23B, DATE SIGNED
	ending Med. Stoff Director Phys. 5/4/70
23C.PHYSICIAN'S NAME (Typo)	23 D. ADDRESS
	0
WILLIAM ERIC SOME M.D. DEGREE 24A. BURIAL CREMATION, 124B. DATE / 124G. NAME OF CEMETERY OF CR	100 10 200
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City. town, or county) / (Stotof
25A. DATE REC'D BY HEALTH DEPT. 125R-NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS
MAY 5 1970 Robert E. Jaber, M. O. O.	ALGORIG -130 & FOLTER
\$ 150-REV. 1/1/68	



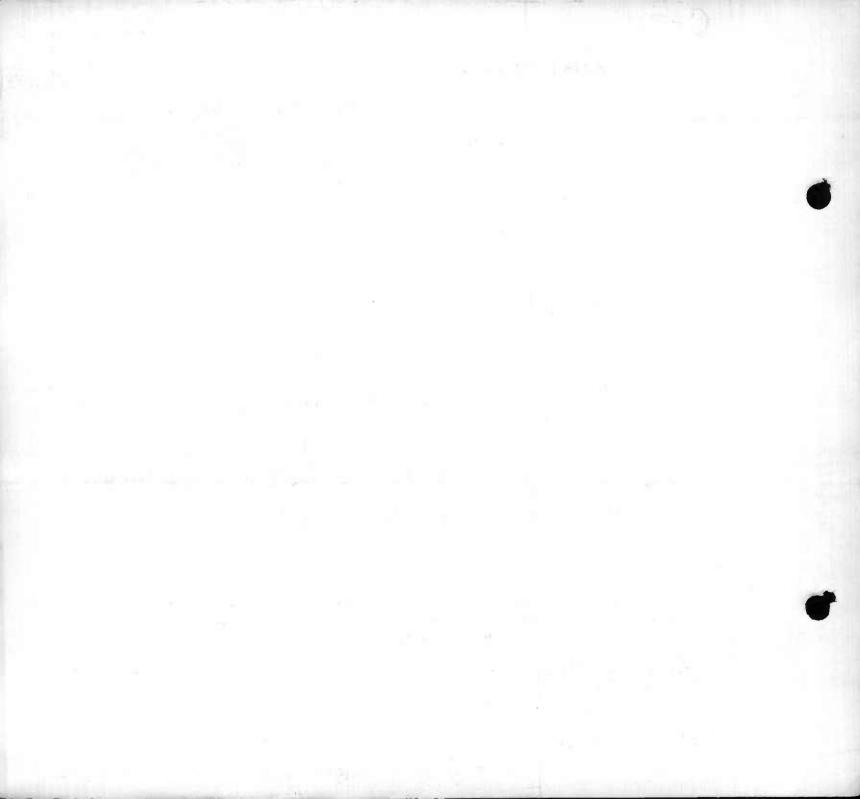
VS 151-REV. 1/1/68



1	ALTIMORE CI	TY HEALTH DEPARTMENT	710
	BIRTH NO. 70 4640 CERTIFICA	ATE OF DEATH REG. NO	70 4640
	1. NAME OF DECEASED (Type or Print) ANNE (1)A(15)	2. DATE AND HOUR OF DEATH	11200
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution A. STATE B. COUNTY	n: residence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CIT	2720 Y CIMITS?
•	42/NAJ HOSPITAZ	E. STREET AND NUMBER -3701 FOURS Ca	# 1 C
made.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	R DATE OF BIRTH ID ACE #	nder 1 Yr., If Under 24 Hrs.
is m	female wulle widowed DIVORCED	1 0-1-14 55	
disposition	DA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTE done during most of working life, even if retired)	R (State or fareign country)	US &
sosi	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0 00
disp	Space	Fanne	
final	15. Was Deceased Ever in U. S. Armed Farces? (Yas, no ar unknown) (If yes, give war or datas at service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
fir	18. CAUSE OF DEA	Harry Waller	Same
d or	DISEASE OF CONDITION DIRECTLY	SEPSIS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meen the made of dying, e.g., (A) IMMEDIATE CA		Hours
balm	heart failure, osthenia, etc. It means the disease, injury ar complication which caused death.)	S A CONSEQUENCE OF:	
E	ANTECEDENT CAUSES	JEJMONIA-	TANK
are	DISEASES OR CONDITIONS, if ony, giving tise to the obove couse (A) stating the	S A CONSEQUENCE OF:	2473
us	UNDERLYING CONDITION lost. (C)	***************************************	****
remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	100 == (17001
a re	E TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (A).	1313 STAI	1 4 EULS
e the	19A DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A AUTOPSYT (Yes or No) 20 R. IF YES, WERE FINDIN IN CERTIFYING CAUSES C	GS CONSIDERED OF DEATH?
before	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, farm, factory, sheet, elc.)	in or about 21 C. WHERE DID (II In Boltimore City, office bldg., INJURY OCCUR?	give exact location)
Pet	21D. TIME (Manth) (Day) (Year) (Haur) 21E INJURY OCCURRED While At The Manual Company of	21F. HOW DID INJURY OCCUR?	
obtaine	Work At Work		
qo	22. I certify that (I) (this hospital) attended the deceased from	4-26 19 7010 5	<u>-2</u> 19 70
r be	and hour and from the couses stated above. (1) (We) (dld) (did nat)	19 20 ond that in(my) (our) opinion d	eoth occurred on the date
must	23A. SIGNATURE		ATE SIGNED
	Decree Ph	hending Med. Staff Phys.	-2-70
approval	PUBEN DELLANCE HD	SINAL HOSDITAL	
	24A. BURIAL CREMATION, 24B. BATE 24C. NAME of CEMETERY OF CI	REMATORY 24D. LOCATION (City, town	, ar caunty) (State)
Hen	Bereal 5/4/19 Beth 1/	loh Balta	mel
written	MAY 5 1970 July E. Sarling OF REDISTRAR	25C, FUNERAL DIRECTOR	10 Restrolon
11	/S 150-REV, 1/1/6B		



1	7-36	4		BALTIMORE CIT			X DEC NO	70	ACAI
	NAME OF DECE	ord Co miss	4641	CERTIFIC	ATE OF		REG. NO.		40-41
	rpe or Print)	GLENNIS LE	E COTTRE	er.L.			ND HOUR OF DEA	TH	215
3.	PLACE IN BALTI	MORE MARYLAND, V			4. USUAL R		ere deceased lived.	f institution;	residence before odmission
FL	JLL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC.	AL OR INSTITU ATION)	TION, GIVE STREET	C, CITY OR	LAND	HARFO	NSIDE CITY I	
1	33THE J	OHNS HOPK	INS HOS	SPITAL	1	ND NUMBER	LDINO RO	YES L] ио 🖵
5.	SEX 6	RACE	7- MARRIED	NEVER MARRIE			9. AGE (In years	If Und	er 1 Ye , If Under 24 Hrs.
	EMALE	WHITE	WIDOWED	DIVORCED	9-5-		last birthdoyl	Months	Doys Hours Min.
dor	ne during most of wo	rking life, even if retired)	N/A	BUSINESS OR INDUSTI	Y 11. BIRTHPLA	Md.	eign country)		IZEN OF WHAT COUNTRY
13.	FATHER'S NAME				14. MOTHER	'S MAIDEN NA	ME		
L		LBERT COT			CHA	ARLOTTE	BENNETT		
15. (Ye	Wos Deceased Es, no or unknown!	rer in U. S. Armed For I yes, give wor or dole	ces? s of service)	SECURITY NO.	17. INFORMA	NT			ADDRESS
	18. 9 4 6	191		CAUSE OF DEA	TH				APPROXIMATE INTERVAL
		OR CONDITION DE	RECTLY		•		0	۸.	D 71/01
	(This does not	mean the mode of	dying, e.g.,	(A) IMMEDIATE CA	USE ONSEQUEN	un vas	culen Col	llagre	10PM
	heart failure, as	thenia, etc. It means catian which coused	the disease.	DOE 10, OK A	A CONSEQUE	TOE OF:		`	\downarrow
		TECEDENT CAUSES		ania	tion o	anti.	and to		215 Am
	DISEASES OR	CONDITIONS, if	any, giving	DUE TO OR A	S A CONSEQUE	NCE OF:	Centeno		7.0
	rise to the	abave cause (A)	stating the	(c)					
		11		(0)					
ATION	ITO THE DEATH	ANT CONDITIONS CO BUT NOT RELATED TO TI IDITION GIVEN IN PAR	HE TERMINAL	Posto	p open	heart	sung. Ihm	po the	1 mics
TFIC	19A. DATE OF O	PERATION 198 CON	DITION FOR W	HICH OPERATION		OPSY? (Yes of N	IN CERTIFYING	RE FINDINGS	CONSIDERED
CERTIFI	34-30 ·	WAS LINDERS VINGE	tual Sec	undum defe	~	ES			
CAL	DEATH (notify m	NGI I CAUSE OF		LACE OF INJURY (Mg., form, foctory, street,	olfice bldg., INJ	URY OCCUR?	(II In Bollii	more City, giv	re exoct locotton)
MEDI	21D.TIME (A OF INJURY (APPROX.)	Monthl (Doyl (Year)	(Hour) 21 E. 1 While Wark		ile 🗀	HOW DID IN	JURY OCCUR?		
	22. I certify th	at (%) (this haspital			4-29		10 70 10	5-2-	70 19 70
		st saw the decease				and t	. 17		th occurred an the date
				(We) (did) (Misses)	view the body	after death.	in times to any		Jeveries un ine uun
	23A. SIGNATURE	5/1.						238, DA	TE SIGNED
	Keigh	3 Jours	en m	DEGREE Ph	ending	Med. Director	Stoff Phys.	5	-2-70
	PHYSICIAN NAME (Type				23D. ADDRESS			11000	
		HUGH E	. ROBII	DEGRE			The state of the s	HOSPI	IAL
	REMOVAL (Spe	cifyl		ME of CEMETERY of CI	REMATORY	24D. 1	LOCATION	(City, town,	or countyl (State)
_	Burial	May 5,19		ngton Cemete:			larksboro		New Jersey
	MAY 5	10 Pober E	258, NAME OF	REGISTRAR		eral directo	r Comas & So	n, Abir	ADDRESS
VS	150-REV. 1/1/68								



T BALTIMORE	CITY HEALTH DEPARTMENT
BIRTH NO. CERTIF	CATE OF DEATH REG. NO. 70 4642
1. NAME OF DECEASED (Typo or Print)	2, DATE AND HOUR OF DEATH
ETHEL MARY FREUND	4. USUAL RESIDENCE (Where deceased lived, th institution: residence before admission)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	a country
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	C. CITY OR TOWN D. INSIDE CITY LIMITS?
35 Church Home & Hospital	BACTIMORE YES NO
	SOS S. BELNORD AUE
6. RACE 7. MARRIED NEVER MARRIED	llost highday) Monthei Days : Manne: A4:
T WIDOWED DIVORCE	0111 7-11-03
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IND (ane during mast of warking life, even if retired)	
Dook Keepeer Communicatio	
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Chiveral	WILHELMINA SCHMIDT
5. Wes Deceased Ever in U. S. Armed Forces? [es, no ar unknown] Uf yes, give wor or dotes of service] 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No 212-01-3	(11 or
IB. LIA. CA I CAUSE OF E	OESTH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	CAUSE Cardiagenia Shock
(This does not meen the mode of dying, e.g., (A) IMMEDIAT	R AS A CONSEQUENCE OF:
hearl failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	The Addition of
ANTECEDENT CAUSES	185
(a)	CUTE massing MT R AS A CONSEQUENCE OF:
rise to the above cause (A) stating the	K AS A CONSEQUENCE OF:
UNDERLYING CONDITION lost. (C)	*****
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	matic Heart Diserce
TO THE DEATH BUT NOT RELATED TO THE TERMINAL The DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A-DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Tes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
THE PERCE OF INJURY	a.g., in or about 21 C. WHERE DID (If In Boltimore City, give exect location)
DEATH fnotify medical examined home, form, factory, streetc.)	the office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	
OF IN HIEV	21F. HOW DID INJURY OCCUR?
Work At	While D
22. I certify that (1) (this hospital) attended the deceased from	april 30 19 70 to april 30 19 70
that (i) (we) last saw the deceased alive on april	30 19 70 and that In(my) (aur) apinion death accurred an the date
and haur and from the causes stated above. (1) (We) (did) (dld no	and the date
23A. SIGNATURE	
Corazon Vergue M. D.	Attending Med. Staff Phys. Director Phys. W - 30 - 3
1 DECREE	
23C. PHYSICIAN'S NAME (Type) CORAZON VERGARA H.D.	Church Home & Hosp. Bale. ma. 2/23
A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERT OF	SREEL
	(Slote)
Duria 2-4-70 Wak Lawn (5A. DATE REC'D BT HEALTH DEPT. 25B. NAME OF REGISTRAR	Cemetery Baitimore, Md.
MAY 5 1970 Robert Jabe MD 0	25C. FUNERAL DIRECTOR Matthews ADDRESS
MILL O 13/10 ABOORD & ALPER ULT	Bolling Baltinge 14



BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/68

IMPORTANT

FUNERAL DIRECTOR:

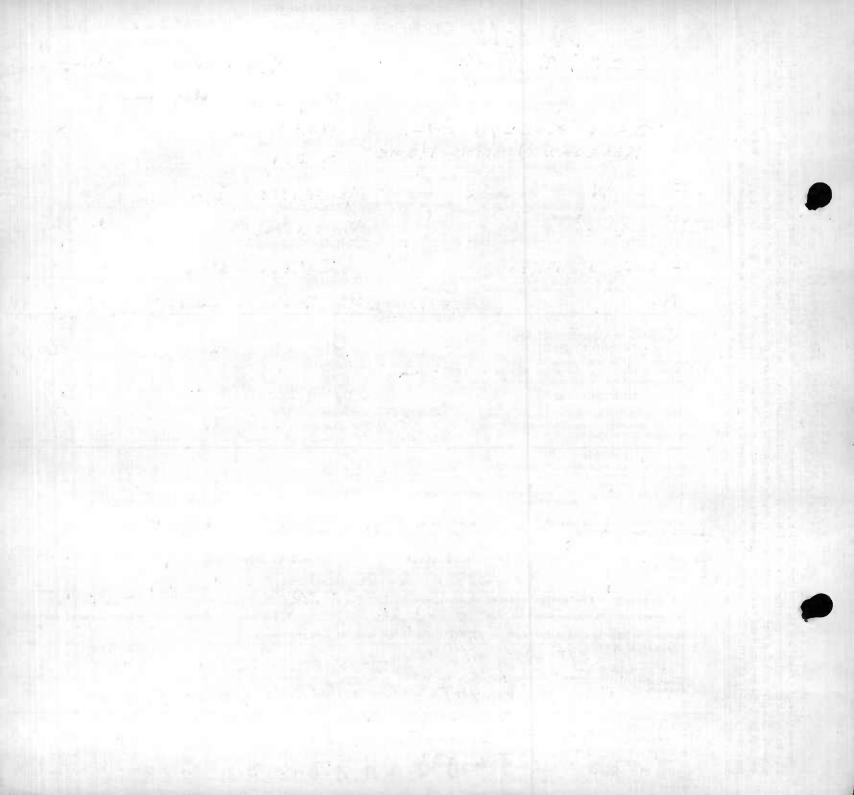
NO X

Hours

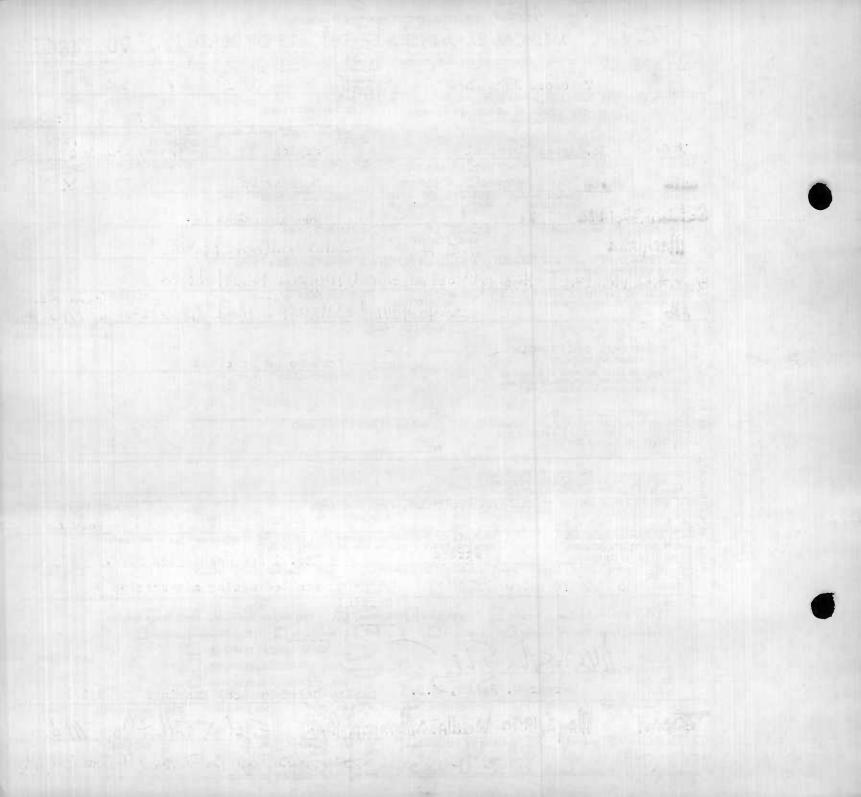
APPROXIMATE INTERVA BETWEEN ONSET AND DEATH

U.S.A.

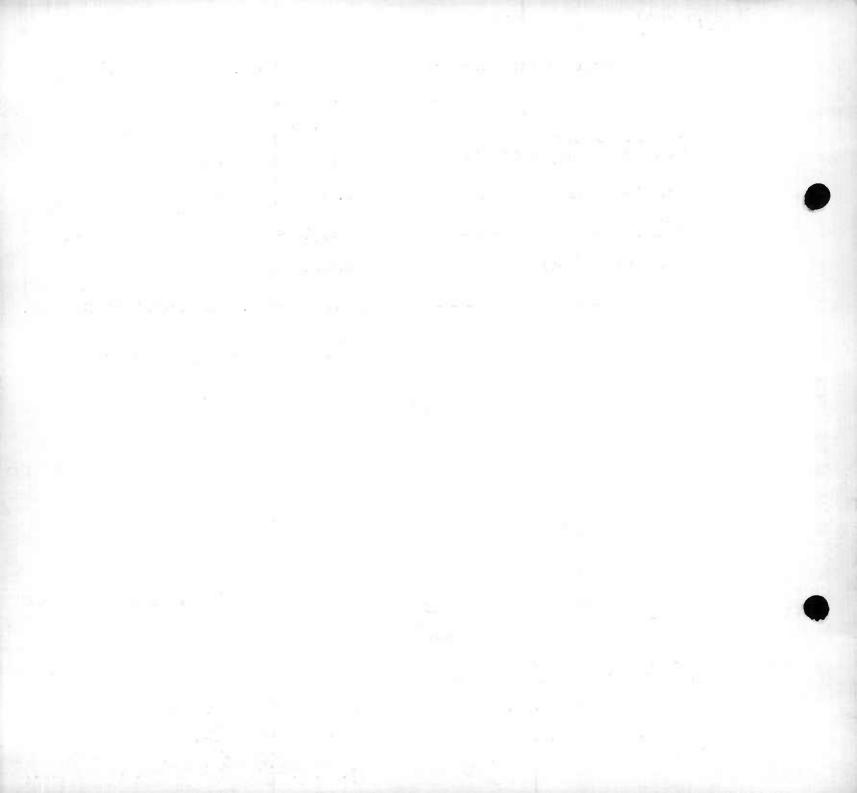
If Under 24 Hrs.

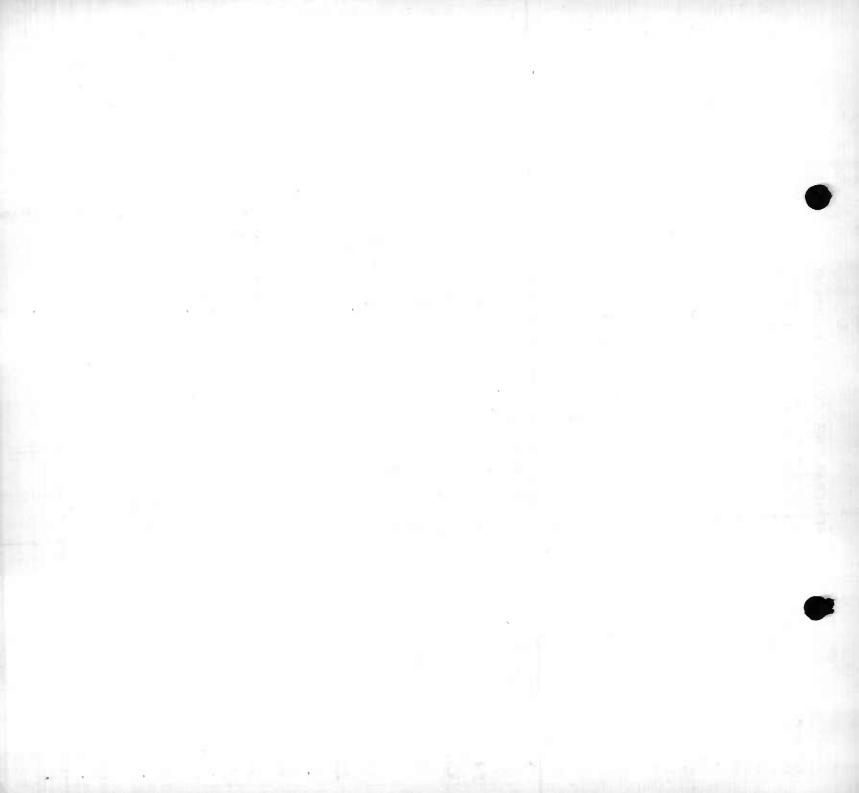


	EALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 4644
I. NAME OF DECEASED	
(Type or Print)	2. DATE Known A Manth Doy Year Hnur
Oliver T. Linthicum 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoled L. M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE PRONOUNCED DEAD 5 3 70 7:45 a.M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before admission)
6003 Eastern Ave.	A. STATE Maryland B. COUNTY 2.605
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male white widowed Divorced	Baltimore YES ⋈ No □
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hr.	E. STREET AND NUMBER
10-12-1888 last birthdoy) 81 Months Doys Hours Mir	6003 Eastern Ave.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimore WHAT COUNTRY?	THOMAS F.
IAAUSUAL OCCUPATION (Give kind of work! 14B. KIND OF BUSINESS OR INDUST	
Dairy Work	AMELIA J. TAYLOR
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(II yes, give wor or doles of service) SECURITY NO.	18. INFORMANT ADDRESS
NO 212-20-262	Robert O. Linthicum Balto, Md. 21224
19. CAUSE OF DE	ATH APPROXIMATE INTERVAL
DISTACT ON CONTINUON DIDECTIVE	BETWEEN ONSET AND DEATH
	sclerotic cardiovascular disease
(A)IMMEDIATE	CAUSE
Unis does not mean the made of dying, e.g.,	AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, Injury ar complication which coused death.) ANTECEDENT CAUSES	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
Inis does not meen the mode of dying, e.g., heart failure, osthenia, eic. It means the disease, Injury ar complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
Inis does not meen the mode of dying, e.g., heart failure, osthenia, eic. It means the disease, Injury ar complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
Inis does not meen the mode of dying, e.g., heart failure, osthenia, eic. It means the disease, Injury ar complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
Inis does not meen the mode of dying, e.g., heart failure, osthenia, eic. It means the disease, Injury ar complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: (AS PERFORMED 21. AUTOPSY? (Yes or No)
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V VOICE UNDERLYING CONTRIBLE UNDERLYING CAUSE WAS UNDERLYING CAUSE WAS UNDERLYING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g. UNDERLYING CAUSE OF DEATH.) 22D. TIME (Month) (Doy) (Year) (Hour) (22E.INMURY OCCURRED	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS PERFORMED 21. AUTOPSY? (Yes or No) 11. In or obout 22C. WHERE DID (If in Boltimore City, give exact location) co bidg., etc.) INJURY OCCUR?
Inis does not meen the mode of dying, e.g., heart failure, osthenia, eic. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V VY 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CONTRIBUTION	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS PERFORMED 21. AUTOPSY? (Yes or No) 11. In or obout 22C. WHERE DID (If in Boltimore City, give exact location) 22F. HOW DID INJURY OCCUR?
Inis does not meen the mode of dying, e.g., heart failure, osthenia, eic. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V VY 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CONTRIBUTION	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS PERFORMED 21. AUTOPSY? (Yes or No) 11. In or obout 22C. WHERE DID (if in Boltimore City, give exact location) 22F. HOW DID INJURY OCCUR?
Inis does not meen the mode of dying, e.g., heart failure, osthenia, eic. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION VIVING OR CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OF INJURY (e.g. home, farm, foctory, street, off UNING CAUSE OF DEATH. 22D. TIME (Monih) (Doy) (Year) (Hour) 22E_INJURY OCCURRED OF INJURY (APPROX.) 33.	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: 21. AUTOPSY? (Yes or No) 110 110 22C. WHERE DID (if in Boltimore City, give exact location) 22F. HOW DID INJURY OCCUR? T WHILE WORK
Inits does not meen the mode of dying, e.g., heart failure, osthenia, eic. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V VV UNDERLYING OR CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION V VV UNDERLYING OR CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION V VV 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING TO CONTRIBUTING CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION V VV 22A. EXTERNAL CAUSE WAS UNDERLYING TO COURTED TO THE TERMINAL DISEASE OF CONTRIBUTION TO COURTED TO THE TERMINAL DISEASE OF CONTRIBUTION TO THE TERMINAL DISEASE OR CONTRIBUTION TO THE TERMINAL DIS	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: 21. AUTOPSY? (Yes or No) 110 110 110 22C. WHERE DID (If in Boltimore City, give exact location) 22F. HOW DID INJURY OCCUR?
Compared to the content of the con	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V VOICE UNDERLYING CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V VILLE UTING CAUSE WAS UNDERLYING CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Monih) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 1 certify that I held an Inquiry Inspection X Aresulted from: Natural couses X ACTUAL	AS A CONSEQUENCE OF: 21. AUTOPSY? (Yes or No) 10. 11. 12. AUTOPSY? (Yes or No) 10. 10. 11. 12. AUTOPSY? (Yes or No) 10. 10. 11. 12. AUTOPSY? (Yes or No) 10. 10. 10. 11. 12. AUTOPSY? (Yes or No) 10. 10. 10. 10. 10. 10. 10. 10
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Monih) (Doy) (Year) (Hour) 22E, INJURY OCCURRED OF INJURY (APPROX.) 1 certify that I held an Inquiry Inspection X A REIDERT SOLUTION ACTUAL ACTUAL SIGNATURE M. M. M. SIGNATURE M. M	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS PERFORMED 21. AUTOPSY? (Yes or No) 10 11 11 22C. WHERE DID (If in Boltimore City, give exact location) 22F. HOW DID INJURY OCCUR? 1 WHILE 1 WORK 1 Ond that on this basis, death in my opinion 22F. How DID Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED
Comparison Contribution Contri	AS A CONSEQUENCE OF: 21. AUTOPSY? (Yes or No) 10. 11. AUTOPSY? (Yes or No) 12. AUTOPSY? (Yes or No) 12. AUTOPSY? (Yes or No) 13. AUTOPSY? (Yes or No) 14. AUTOPSY? (Yes or No) 15. AUTOPSY? (Yes or No) 16. AUTOPSY? (Yes or No) 17. AUTOPSY? (Yes or No) 18. AUTOPSY? (Yes or No) 19. AUTOPSY? (Yes or No) 22F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY O
Comparison Com	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS PERFORMED 21. AUTOPSY? (Yes or No) 100 100 110 221. AUTOPSY? (Yes or No) 100 100 100 225. HOW DID (If in Boltimore City, give exact location) 226. HOW DID INJURY OCCUR? TWHILE 101 102 103 104 105 105 105 106 107 108 108 109 109 109 109 109 109
Comparison Control C	AS A CONSEQUENCE OF: 21. AUTOPSY? (Yes or No) 100 100 110 110 22C. WHERE DID (If in Boltimore City, give exact location) 22F. HOW DID INJURY OCCUR? 11 WHILE 12
Comparison Control C	AS A CONSEQUENCE OF: 21. AUTOPSY? (Yes or No) 100 100 110 22C. WHERE DID (If in Boltimore City, give exact location) 22F. HOW DID INJURY OCCUR? 1 WHILE 1 WHILE 22F. HOW DID INJURY OCCUR? 24D. LOCATION (City, town, or county) 25 / 3 / 7 0 26 OCCUPATION (City, town, or county) 26 (State) 24224



BALTIMORE CIT	Y HEALTH DEPARTMENT									
DIMIT ITO,	ATE OF DEATH REG. NO. 70 4646									
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH									
Lettye Lorena McConnell 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	May 1,1970 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission									
WHERE PRONOUNCED DEAD	A. STATE B. COUNTY									
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?									
3109 Glen Avenue	Baltimore YES X NO									
Baltimore, Maryland 21215	E. STREET AND NUMBER									
	3109 Glen Avenue									
5. SEX 6. RACE 7. MARRIED NEVER MARRIED Female Cauc WIDOWED DIVORCED	Jan. 6, 1885 9. AGE (in yeors lif Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.									
10A USUAL OCCUPATION (Give kind of work 10B KIND OF BUSINESS OR INDUSTR'	Y 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY									
Homemaker	Monuloud xx G A									
13. FATHER'S NAME	Maryland U.S.A.									
John Samuel Morris										
	Elizabeth Ann Cooper									
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (I) yes, give wor or dates at service) 16. SOCIAL SECURITY NO.	17- INFORMANT ADDRESS									
NO	Miss Mildred E. McConnell 3109 Glen Ave.									
18. 431,9 1 CAUSE OF DEAT										
BETWEEN ONSET AND DEAT										
LEADING TO DEATH										
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:									
injury or complication which caused death.)										
ANTECEDENT CAUSES										
SEASES OR CONDITIONS, if any, giving (B) (Selection 1) A CONSEQUENCE OF:										
to the above cause (A) stating the										
UNDERLYING CONDITION lost. (C)										
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING										
▼ IDISEASE OR CONDITION GIVEN IN PART 1 /A1.	***************************************									
	20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?									
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF DEATH (notify modical examined)	In or about 21C. WHERE DID (II in Baltimare City, give exact location) lifica bldg., INJURY OCCUR?									
21D-TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?									
₹ (APPROX1 While At Not Whi	lo 🗂									
Work - At Work	43 41									
22. I certify that (1) (this hospital) attended the deceased from	19 6/ to 1/1 19 70									
that (1) (we) lost saw the deceased olive on	19 20 and that In(my) (our) opinion death occurred on the date									
and hour and from the causes stated above. (1) (We) (dtdb (did not)	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.									
23A. SIGNAPURE	3A. SIGNAPURE 23B. DATE SIGNED									
All All	ending Med. Staff									
23C.PHYSIGIAN'S NAME (Type)	23D. ADDRESS									
Seymour Rubin, M. D.	5415 Park Heights Avenue									
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (Stole)									
Burial 4 MAY 70 Druid Ridge Cer	netery Pikesville, Maryland									
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25CL FUNERAL DIRECTOR ADDRESS									
1AY 5 1970 Vaber E. Nerber, 76.00 0 0	J. E. Lowell Lemmon 4611 Park Hghts. A									
VS 150-REV, 1/1/68	A scattle in the month in the state of the s									



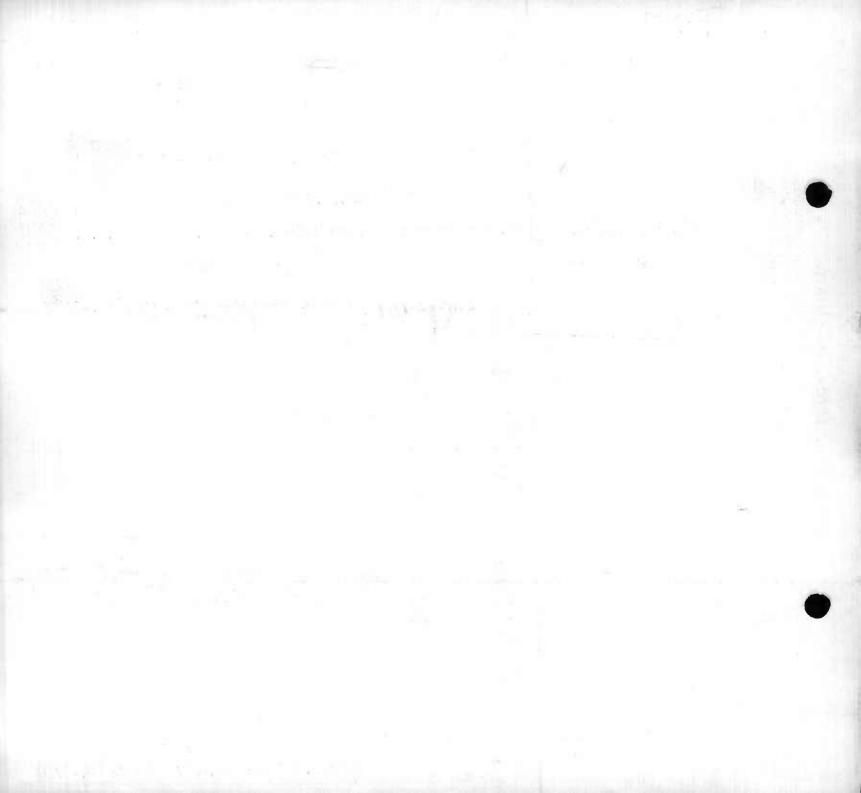


IMPORTANT

DIRECTOR:

FUNERAL

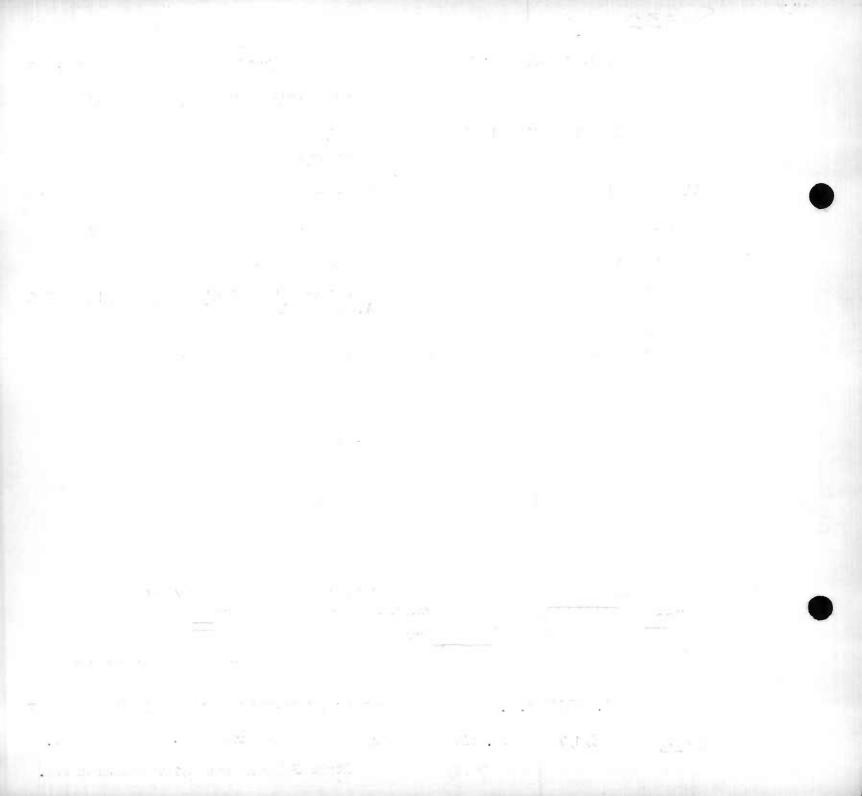
approved



IMPORTANT

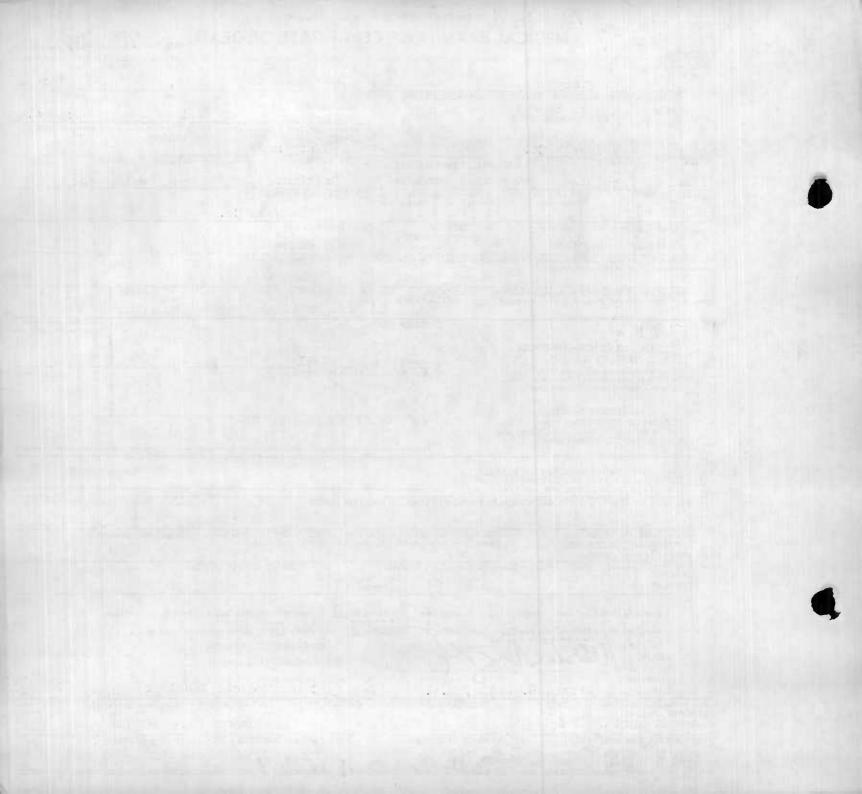
FUNERAL DIRECTOR:

BII	3-532	70-0796	464	.4	HEALTH DEPARTMENT	X REG. NO	70 4649
	NAME OF DECEA	SED	BABY B	OY		AND HOUR OF DEATH	12 204
FU	PLACE IN BALTIN	ORE MARYLAND, W	VHERE PRONO TAL OR INSTIT ATION)	OUNCED DEAD	4. USUAL RESIDENCE TWA. STATE B. COL. 358 BIGLE. C. CITY OR TOWN BALTO E. STREET AND NUMBER	here deceased lived. If in JNTY Y AVE BALT	12:20A _M istitution: tesidence belote admission) MD 21227 5 30 IDE CITY LIMITS? YES NO
5. :	SEX 6.	RACE	7- MARRIED	NEVER MARRIEDX	MARYLAND 8. DATE OF BIRTH	9. AOE (In years	I the lader 1 Very 15 the day 24 th
		WHITE	WIDOWED	DIVORCED	4 29 70	lost birthdoy)	If Under 1 Yr., If Under 24 His. Manths Days Hours Min.
gor	NEWBOR	ting life, even if refired)	10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for MARYLA	AND	12. CITIZEN OF WHAT COUNTRY
	MELVIN	SANDS			SHARON BOY		
15. (Ye:	Was Deceased Ev. p, no ar unknown) (If	er in U. S. Armed For yes, give wor at date	ces? es af service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT ST AGNES HO ATON BALTO	OSPITAL REC	CORDS WILKENS &
	18. 776	/ [CAUSE OF DEAT		J 140 21223	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NOIL	DISEASES OR rise to the CUNDERLYING COTHER SIGNIFICATION THE DEATH R	II NT CONDITIONS COI	death.) any, giving stoling the	(B)	A CONSEQUENCE OF: A CONSEQUENCE OF:	4	
CERTIFICATION	19A-DATE OF OP	DITION GIVEN IN PAR ERATION 198 CON WAS PERF	DITION FOR Y	WHICH OPERATION	NO NO	No.) 208 IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
	21A. ACCIDENT OR CONTRIBUTION DEATH (notify me	WAS UNDERLYINO COME CAUSE OF Good examiner		ie, term, teclory, street, of	or about 21 C. WHERE DID	(If In Baltimare	e City, give exoct location)
MEDICAL	21 D. TIME (M OF INJURY (APPROX.)	onth) (Day) (Year)		INJURY OCCURRED ILLE AT Not While rk At Wark	21F. HOW DID IN	JURY OCCUR?	
	that (1) (Wb) las	t saw the decease	d altve on	he deceased from 4/29/3(hat in (my) (aur) opin	197 19 19 19 19 19 19 19 19 19 19 19 19 19
	and hour and fro 23A. SIGNATURE	m the causes stat	ed above. (I) (We) (dld) [#] (Mot) vi	ew the bady after death		23B DATE SIGNED
	ORG BUILDING	.J	his	DEGREE Phys.		Staff Phys.	04 30 70
	23C. PHYSICIAN'S NAME (Type)	S. AZIZ		DEGREE	ST AGNES HOS	PITAL CATON	S WILKENS AVE
	REMOVAL (Spec	E/4/00		.Olivet Cemete		ederick Ave.	y, town, or county) (Stote) Baltimore Md.
25A	MAY 5 1	HEALTH DEPT.	258 NAME C	F REGISTRAR	25C. FUNERAL DIRECTO	R	Address 1 Edmondson Ave.



()	חלי	1050	BALTIMORE CITY	HEALTH DEPARTMENT		PIO
W-45	2	4650	CERTIFICA	TE OF DEATH	REG. NO	70 4650
BIRTH NO!	CIACID		OLICI II TO		AND HOUR OF DEATH	
Type or Print)		*** 77 *				
2 BL 4 CE IN 8 4	Clara E.	William		May	2, 1970	institution: residence before admission
3. PLACE IN BA	LTIMORE, MARYLAND, W	VHERE PRONO	UNCED DEAD	A. STATE B. COL	JNTY	Institution, residence before damission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	Maryland c. city of town	D. IN	SIDE CITY LIMITS?
91 Ho	od Nursing Hor	me		Baltimore E. STREET AND NUMBER		YES X NO
10				415 North B	end Road	
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
female	White	WIDOWED	DIVORCED	5/28/1887	last birthdoy	Womas Doys Hours Will.
		k 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTR
one during most o Housewif	f working life, even if retired) 'e			Maryland		USA
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	
John H	. Johnson			Catherine	Belle	
	d Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
res, no or unknow	n) IIf yes, give wor or date	es of service)	SECURITY NO.		7 7 7	
no			WA504910		e J. English	1, 415 North Bend Re
DISEASES rise IO II UNDERLYIN OTHER SIGN TO THE DEA	, oslhenio, etc. II meons mplicotion which coused ANTECEDENT CAUSES OR CONDITIONS, if he obove couse (A) IG CONDITION lost. IFICANT CONDITIONS COUTH BUT NOT RELATED TO TO CONDITION GIVEN IN PAIR OF CONDITION GIVEN IN PAIR OF CONDITION (IN PAIR OF CONDITION (IN PAIR OF CONDITION (IN PAIR OF CONDITION) (IN PAIR OF CONDIT	ony, giving stating the ONTRIBUTING THE TERMINAL RT (A).	(B) General DUE TO, OR AS (C)	lized Arterios A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or		E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIE	ENT WAS UNDERLYING DELIVENCE OF	21 8 horr	ne, form, factory, street, of	n or obout 21 C. WHERE DID	(If in Boltim	ore City, give exoct location)
21 D. TIME	(Month) (Day) (Year)	(Haus) 215	INJURY OCCURRED	21F. HOW DID II	NILLIAN OCCUPA	
OF INJURY	(World) (Day) (Teal)		ile AI Not Whil		NJORT OCCUR:	
(APPROX.)		Wo				
22. I certif	y that (I) (thesiasidae	t) ottended t	he deceosed from	Sept. 22	19 69 to	May 19.70
thot (1) (902	lost sow the deceose	ed olive on	April 29	19 70 ond	that in (my) (our) of	pinion deoth occurred on the do
				iew the body ofter death		
23A. SIGNAT		0	, 5500 (/			23 B. DATE SIGNED
	That	1 1	Atte	nding Med.	Staff Phys.	May: 4 1070
23 C. PHYSICI	ANS	+//	TOOGREE Phy	S. Director L	rhys. \square	May 4,1970
NAME	Турет					
	Leo J. Caver	M.D.	DEGREE	1 Mallow Hill	Road.	
4A. BURIAL CR REMOVAL	EMATION, 24B. DATE (Specify)	24C. N.	AME of CEMETERY of CRI	EMATORY 24D.	LOCATION	City, town, or county) (State)
urial	5/6/70	Day	-laurad Camatan	B.3	ltimore, Man	
)/ 0/ / 0	ra	rkwood cemerer	y Da	TOTINOT C . CT	ryland
	D BY HEALTH DEPT.		rkwood Cemeter	DEC FUNERAL DIRECT	0.0	ADDRESS
MAY 5	1970 Robert				0.0	ADDRESS

and I good at all of the control of THE REST LESS TRANSPORT IN THE PARTY OF THE

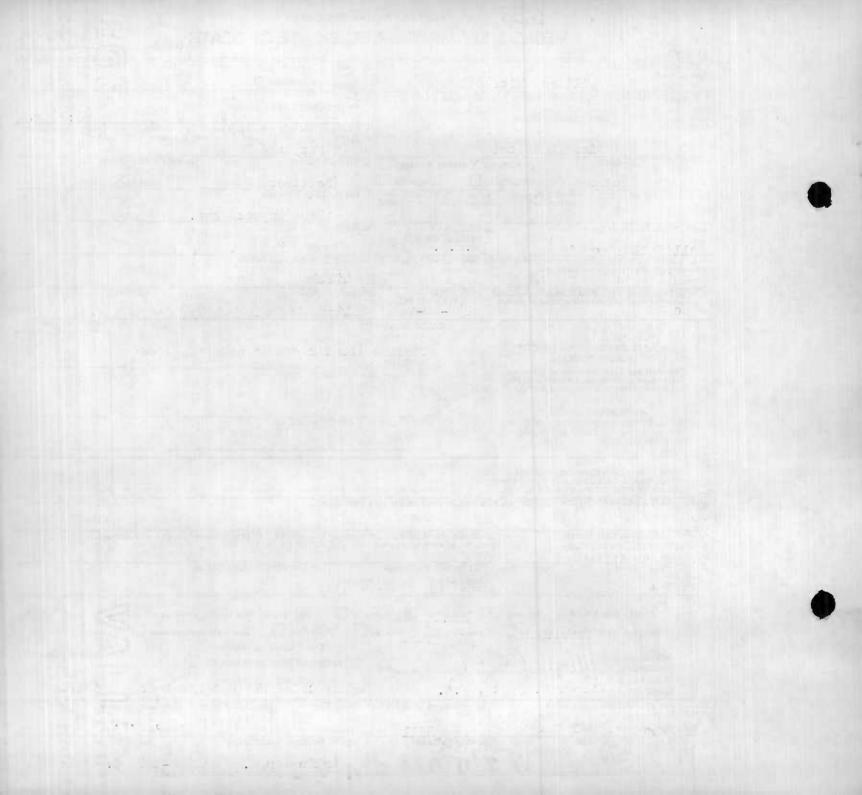


IMPORTANT

DIRECTOR:

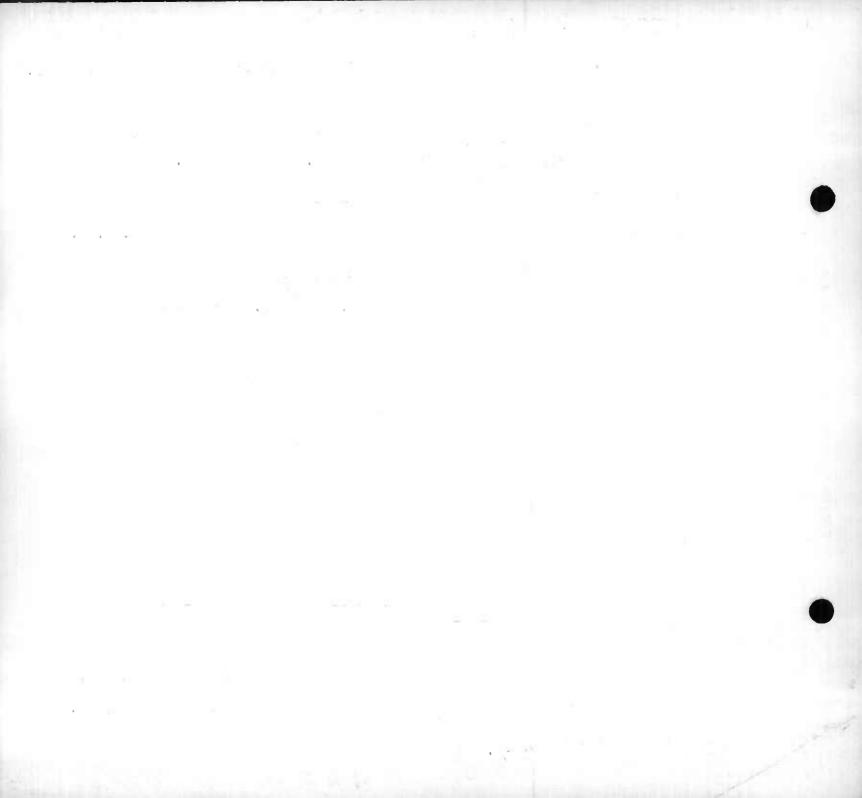
FUNERAL



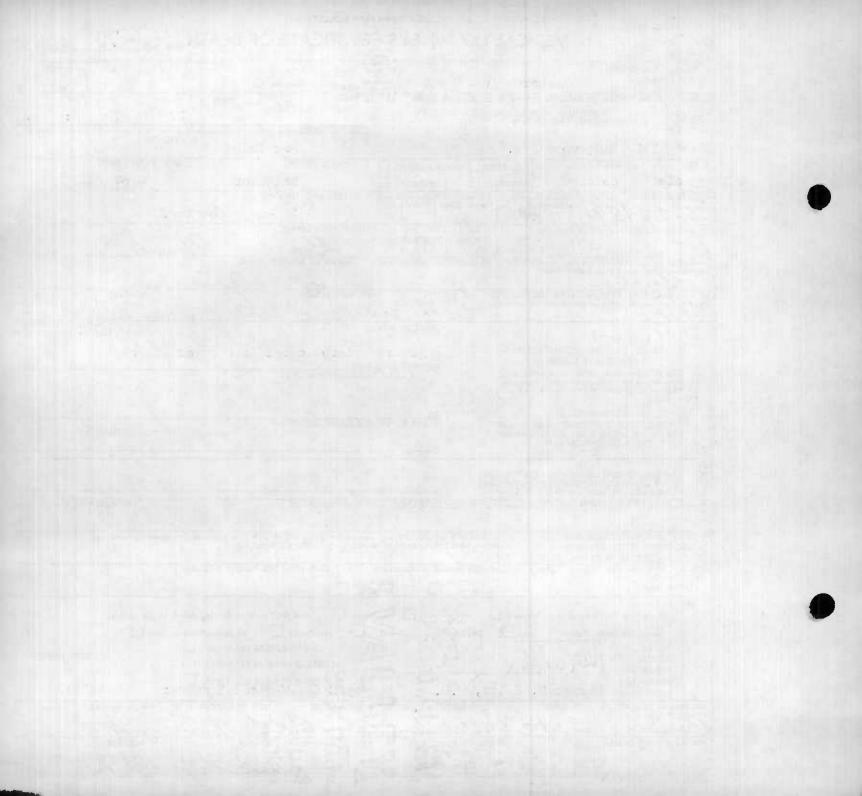


•	death occurred in a hospital of or contributing cause of de Undetermined cause; (5) Decea as in regular attendance on e deceased prior to death, Sistion is made.
IMPORTANT	or his assistant if Also, if the direcre of any kind; (4) nounced death wattendance on th
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital of the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of de shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decea was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suritten approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO.		4654		HEALTH DEPARTMENT	REG. NO	70	4654		
(Type or Print) Jo	anson, Madel	ine E.	Madel		ND HOUR OF DEATH	1 9:	50 P.		
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA Provident 1514 Divis Baltimore,	AL OR INSTITUT THOSPITAL	non, give street L et	4. USUAR RESIDENCE (Where deceased lived. II institution: residence before admission Maryland C.CITY OR TOWN Baltimore E. STREET AND NUMBER 2424 W. Lafayette Ave.					
S. SEX Female	6. RACE Negro	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 07-27-01	9. AGE (In years lost birthday) 69	If Under 1 Yr. Months Doys	If Under 24 Hrs lours Min.		
done during most of w	orking life, even if relifed)	108, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for Maryland	eign country)	12. CITIZEN OF WHAT COUNTY			
13. FATHER'S NAA	w. Wh	ite		14. MOTHER'S MAIDEN NA	ME				
15. Wos Deceosed (Yes, no or unknown)	Ever in U. S. Armed Farc (If yes, give war ar dote:	es? of service)	6. SOCIAL SECURITY NO.	Mr. George D	. Johnson-H	ADDRES usband	s Same		
heoil (oilure, oinjury or comp A DISEASES OI rise to the UNDERLYING	I meon the mode of isthenia, etc. It means istenia, etc. It means dication which caused NTECEDENT CAUSES CONDITIONS, it a abave cause (A) CONDITION fast.	tributing	(B) Pigel DUE TO, OR AS	SE CONTE PEU A CONSEQUENCE OF: LONG PRINTES A CONSEQUENCE OF: LONG CARRIED	Pulmon	ny Edina			
I I DISEASE OR CO	NDITION GIVEN IN PART OPERATION 198 CONE WAS PERFO	1 (A).	ICH OPERATION	20A. AUTOPSY? (Yes or N	ON CERTIFYING CAL	FINDINGS CONSIDE	ERED		
OR CONTRIBUT	WAS UNDERLYING INO CAUSE OF nedicol exominer	218. PL home, elc.)	ACE OF INJURY (e.g., in form, foctory, street, off	or obout 21 C. WHERE DID	(If to Boltimore	City, give exoct loc	ation)		
(APPROX.) 22. I certify t	Month) (Doy) (Year) hat (i) (this hospital) ast saw the deceased	While Work	deceosed from 4-	\sqcup	19to4=26	s=70	19		
1 1	from the causes state		We) (did) (did not) vi	ew the body after death.		23R DATE SIGNED			
23C.PHYSICIAN NAME (Typ		PESBI	DEGREE Phys.		Street Bal	April 27			
24A. BURIAL CREM REMOVAL (Sp BUNIAL 25A. DATE REC'D !	5-1-	24C. NAMI	E OF CEMETERY OF CREI		Bulliann	y, lown, or county?	(Stotel		
MAY 5	970 Robert 8	Valley !	u ,0000	Arlesofor S	Rellys 1	72771.M	msre S		

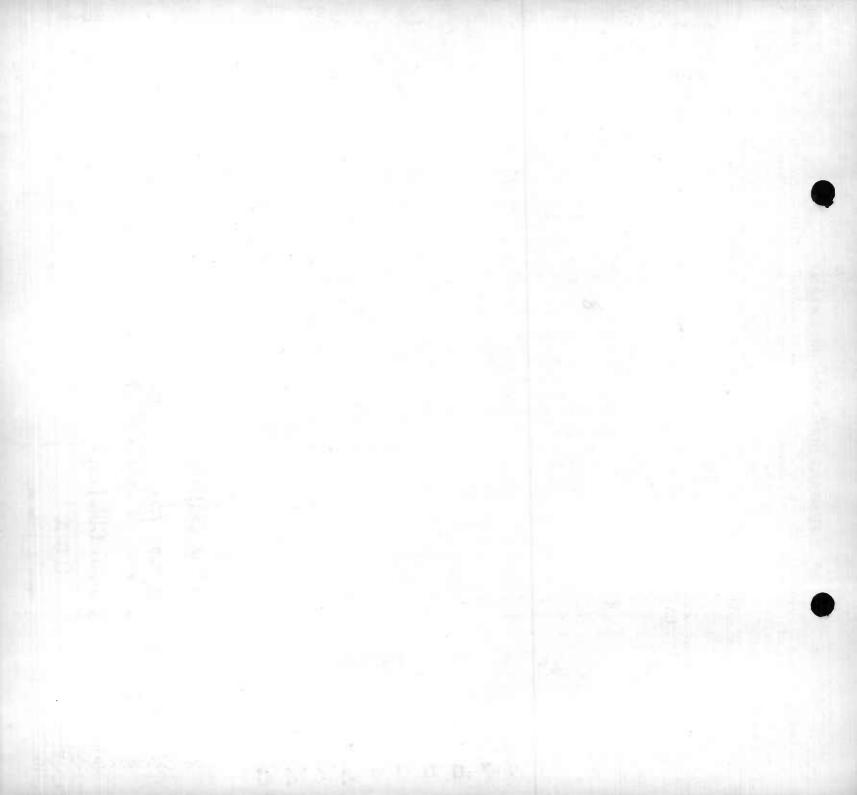


	,	7	0 46	355	R	ALTIMORE	CITY HE	AITH DEPA	RTMENT							
	H-52	0				AMINE				OF	DEAT	ш	,	70	1055	
BIE	RTH NO.		MED	ICAL	. LA	MAIIIAE	LK 5 C	CKIIII	CATE	Or	DEAT	REG.	NO	10	4600	-
	NAME OF DE	CEASED	Richa	ard H	ines	(John	v)	2. DATE OF DEATH	Known Estimat		Month	Doy	Υ	ear	Hour	-
4.	PLACE IN BAI						1	3. DATE	HAICED DE	'AD	Month	Day	Y	ear	Hour	-
HO	LL NAME OF SPITAL INSTITUTION	(IF NO	ESS OR LOCA	LOR INST	AOITUTIIT	, GIVE STREE	ī		UNCED DE		4	27		0	6:00 p.,	И.
C	0 392		ewood A	-				A. STATE	Maı	rylan		B. COUN	ITY	14	efore admission)	
6.	SEX	7. RACE		8. MARR	IED 🔲	NEVER MAR	RRIED 🔲	C. CITY OF				D. INSI	DE CITY LIN			
0.1	male	colo		WIDOW		DIVO		E. STREET		ltimo	re		YES 🔀		10 🗌	_
٧. ١	5-23	-1899	10.AGE (In		Months	r I Yr, If Unde Days Hou	er 24 Hrs.	E. SIKEEI			ewood	Ave.				
11.	BIRTHPLACE	State or farei	Visais	is		AT COUNTR	RY?	13. FATHER	'S NAME	ne		2/1	·en)			
14A dan	USUAL OCCU	PATION (Gi	ve kind of work i	48. KIND	OF BU	SINESS OR I	INDUSTRY	15. MOTHE	R'S MAIDE	NAM	nn nn	,				
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	2 17	7. SOCIAL		18. INFOR	TIVAN	ral	Ree	2	ADDRES	S	^	_
(Y e:	s, no or unknown	(If yes, give	wor or dates	of service)	SECURITY	NO.	Ma	200 6	Blin	in	39	191	21	in Da	,
	19.	21/				CAUSE	OF DEAT	TH	ne s	4010			-//	Age	ROXIMATE INTERVAL EN ONSET AND DEA	-
	DISEAS	E OR CON	OMON DIREC	TLY		٨٩	rtorio	sclero	tio or	andia		lan d	iconoc	-	EN ONSET AND DES	***
		LEADING TO	O DEATH				MEDIATE C		LIC Ca	arulo	vascu	lar d	rsease			
	heart failure	, asthenia, et	mode of dyl c. It means the ich coused dea	diseose,		DU	E TO, OR A	S A CONSEC	UENCE OF							Ī
		NTECEDENT				(B)	E TO OP	AS A CONSE	OHENCE O	E.				_		
	RISE TO TH	E ABOVE CA	IONS, IF ANY LUSE (A) STAT	ING THE		501	E 10, 0 k /	AS A CONSE	QUENCE O							
NO O	UNDEREIT	NO COMPI	ION DOI.			(c)										
CERTIFICATION	TO THE DE	ATH BUT NO	II INDITIONS CO T RELATED TO I GIVEN IN PA	THE TERM	INAL											
CERT		A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED							21.	21. AUTOPSY? (Yes or No)						
EDICAL	UNDERLYING		ITRIB-		228. PL/ home, fo	ACE OF INJ	URY(e.g., street, affice	in ar about i	22C. WHER	E DID (I	f in Boltimo	ore City, giv	e exact loca	tion)		_
ME			Day) (Year) (Hou	r) 22E.	INJURY OC	CURRED		22F. HOW	DID INJ	URY OCC	UR?				-
	(APPROX.)				m. WHI	LE AT	NOT AT W	WHILE ORK								
	23. 1 cer	ilfy that I l	neld on l	nquiry [] !	nspection	Aut	opsy 🗌	and the	at on th	is basis,	, death in	my opini	on		
	resul	ted from	Notural cau	505 X	Acc	ident 🔾	Soleid	• 🗌 H	omicide [] [Indeterm	ined mon	ner 🗌			
	ACTUAL	MI	10	1-	>/	4)		ACC	CHIEF MED					ſ	DATE SIGNED	
	SIGNAT EXAMIN	IER'S	rnor II	Spi	+ -	M D	M.D.	outy Ch				Dinor		1. 1	28/70	
24	A. BURIAL CRE	,, ,	rner U.	SpI		M.D.					OCATION		fown, or c		(State)	
	MOVAL (Spec		5-1	-70	6	Pehate	us)	Nem	Enk	B	elles	- 1	, 9	MA	1) (Sidie)	
25	A. DATE REC'D	BY HEALTH	DEPT.	258, N	AME O	F REGISTRA	R	25C.	FUNERAL I	DIRECTO	R	-	ADDRE	SS		-
	FFAY	5 197	II Rob	38-	Mada	en M.D.	2 0	, de	lingto	D	Ru	llia	1221	77.	Morres	4
VS	151. PEV 1/1/A	R				7 7 7 7 7 7		0	12/1	1		11				_

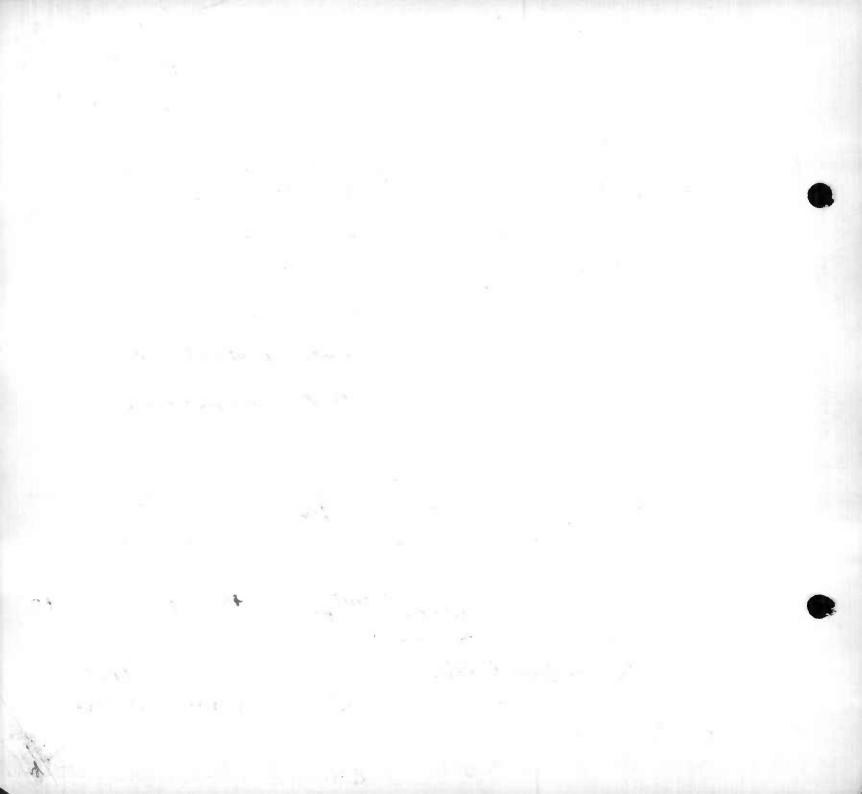


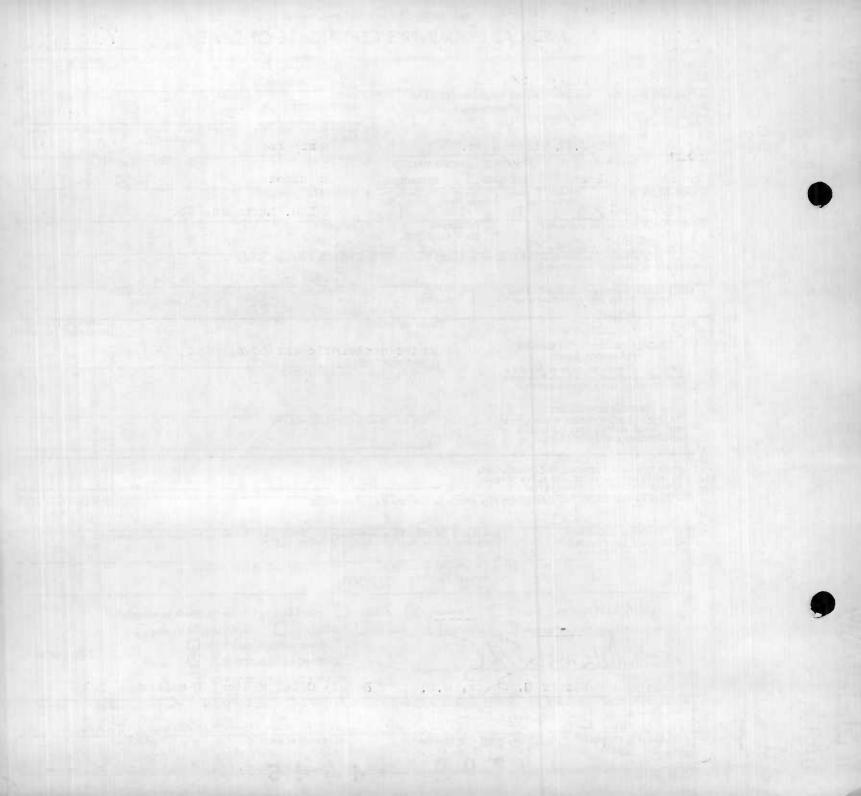
noted by / • ken on who steen he distant, or had

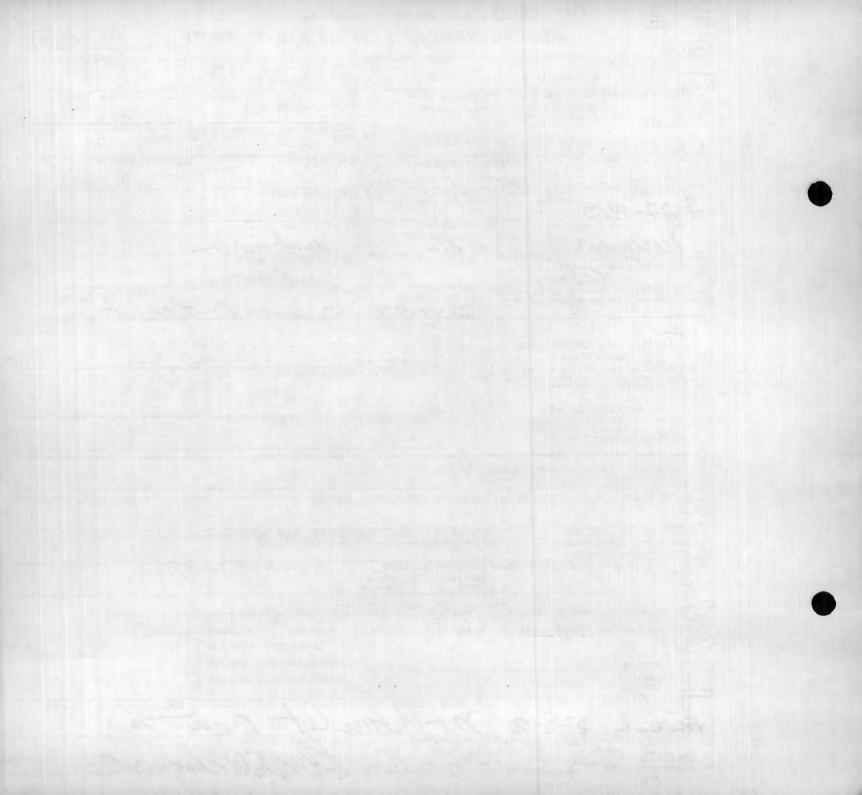
FUNERAL DIRECTOR: IMPORTANT red by the chief medical examiner or his assistant if death o



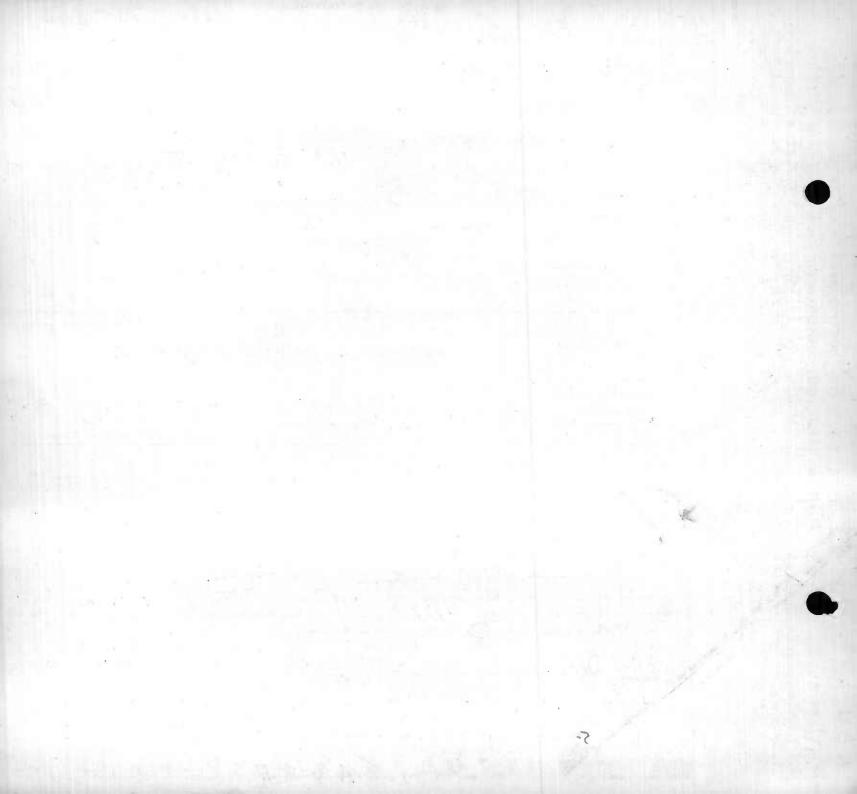
BALTIMORE CITY	Y HEALTH DEPARTMENT	4-50					
BIRTH NO 4658 CERTIFICA	ATE OF DEATH REG. NO.	4658					
I. NAME OF DECEASED							
(Type or Print)	2. DATE AND HOUR OF DEATH	15					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE Where deceosed fived. If institution: res	idence before odmission					
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND BALTIMORE (C. CITY OR TOWN D. INSIDE CITY LIN						
3 THE JOHNS HOPKINS HOSPITAL	BALTIMORE YES XX	No 🗆					
33112 GOTING HOLKING HOSPITAL	E. STREET AND NUMBER 1606 MAY COURT 2123						
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	/						
FEMALE V. EGRO WIDOWED DIVORCED	1 8-18-32 17	1 Yr. If Under 24 Hrs. Doys Hours Min.					
IDA, USUAL POCCUPATION (Give kind of work IDB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZE	EN OF WHAT COUNTRY					
13. FATHER'S NAME		S.A.					
	14. MOTHER'S MAIDEN NAME						
HENRY TURNAGE 15. Was Deceased Eyer in U. S. Armed Forces? 16. SOCIAL	LUCIE TAYLOR						
15. Was Deceased Ever in U. S. Armed Farces? 1Yes, na or unknown) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS					
No	Mrs. Lucy Turntae 5	AME					
18,204.01 CAUSE OF DEATH	H /	APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cardina i 1 A						
This does not mean the mode of dving e.g. (A) IMMEDIATE CAU	A CONSEQUENCE OF:						
hearl failure, asthenia, etc. Il means the disease, injury or camplication which caused death.)	A CONTRACTOR OF						
ANTECEDENT CAUSES	Acuto Lymphon to leulin						
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS A CONSEQUENCE OF:						
HADERI VIAC CONDITION :-		~ ·.					
CO							
☐ TO THE DEATH BUT NOT RELATED TO THE TERMINAL OBJECT OBJEC	······································						
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS C	ONSIDERED					
U 21A ACCIDENT WAS UNDERLYING 218 PLACE OF INJURY (e.g., In	or obout 21C. WHERE DID (If in Boltimare City, give	exact location)					
OR CONTRIBUTINO CAUSE OF home, form, factory, street, aff	ice bidg. INJURY OCCUR?	syort locollon)					
OF INJURY (Manth) (Doy) (Yeon (Haud) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
(APPROX.) While At Wark							
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an	4/18 19 70 10 4/30	19 7 0					
that (i) (we) last saw the deceased alive an	19 70 and that in(my) (our) opinion death						
and haur and from the causes stated above. (1) (WG (did) (did tot) vi							
23A. SIGNATURE	238. DATE	SIGNED					
Phys.	nding Med. Staff Phys. 4	/30					
23C-PHYSICIANS NAME (Type) REIN SARAL	JOHNS HOPKINS HOSP	TAI					
24A. BURIAL CREMATION, 24B. DATE 24C NAME OF CEMETERY OF CRE		1/70					
BuriaL 5-5-70 MT, Auburn	Come BALTIMORE	county) (Stole)					
25A. DATE REC'D BY HEALTH DEPT. 256 NAME OF SEGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS					
WHIS 13/0 PROCESSION AND CO. O. U.	8 16-00 1 WILSON 10001	Brown they Now					
VS 150-REV. 1/1/68							







BALTIMORE CITY HEALTH DEPARTMENT



SECURITY NO.

(c).

22E.INJURY OCCURRED

Inspection

WHILE AT

258. NAME OF REGISTRAR

20A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

(Year) (Hour)

Russell S. Fisher, M.D.

19.

C

CERTI

₹ 22A.

23.

(APPROX.)

ACTUAL

REMOVAL (Specify)

VS 151-REV. 3/1/68

SIGNATURE.

EXAMINER'S

NAME (Type) 24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease,

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

I certify that I held an Inquiry

24B. DATE

resulted from: Natural causes K

injury or complication which coused death.) ANTECEDENT CAUSES

EXTERNAL CAUSE WAS

UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. OF INJURY (Month) (Doy)

-16-7173

CAUSE OF DEATH

(A)IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

DUE TO, OR AS A CONSEQUENCE OF:

NOT WHILE

Autopsy X

AJATIUTAZ

AT WORK

Sulcide

24C. NAME of CEMETERY or CREMATORY

Arteriosclerotic cardiovæcuar Disease

22B. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR?

Homicide ___

22F. HOW DID INJURY OCCUR?

CHIEF MEDICAL EXAMINER

24D, LOCATION

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

25C, FUNERAL DIRECTOR

and that on this basis, death in my apinion

Undetermined manner

GION ARLINET

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

21. AUTOPSY? (Yes or No) yes

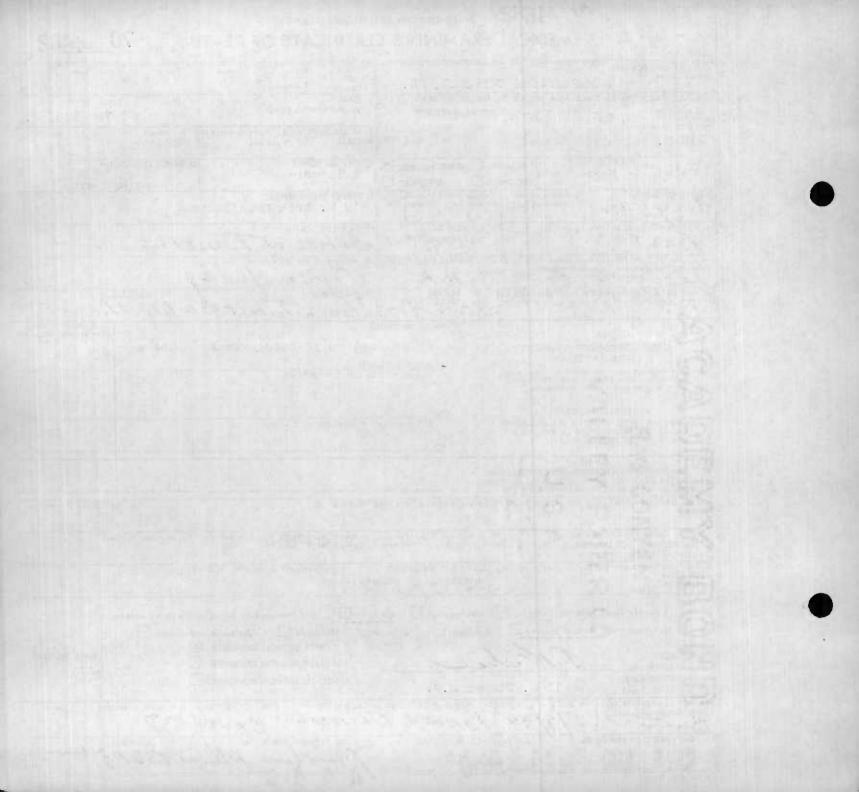
DATE SIGNED

(State)

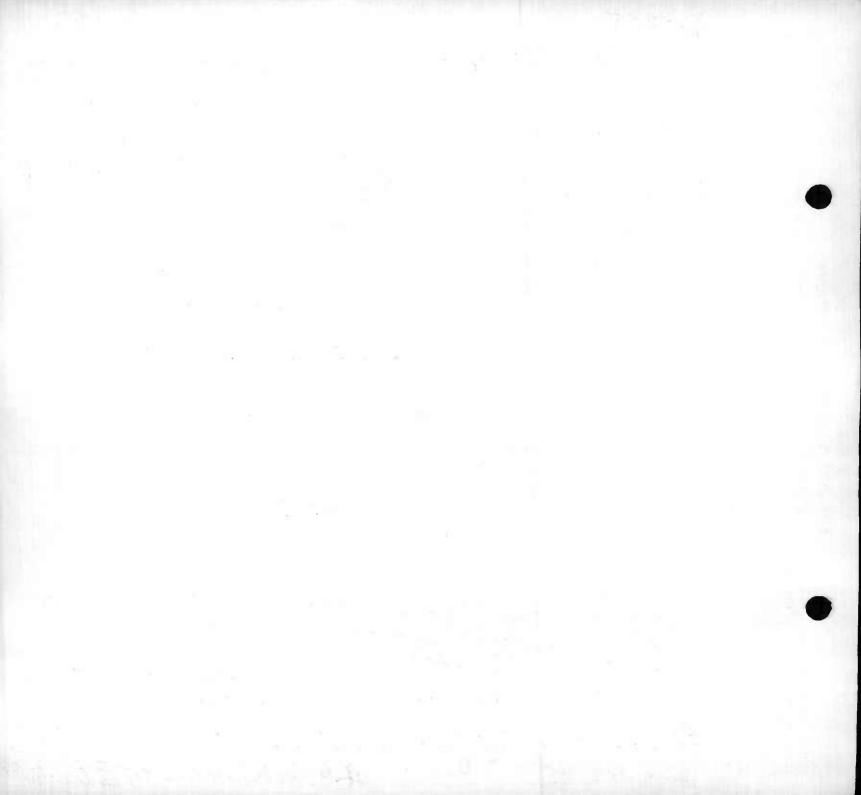
5/4/70

(City, town, or county)

ADDRESS

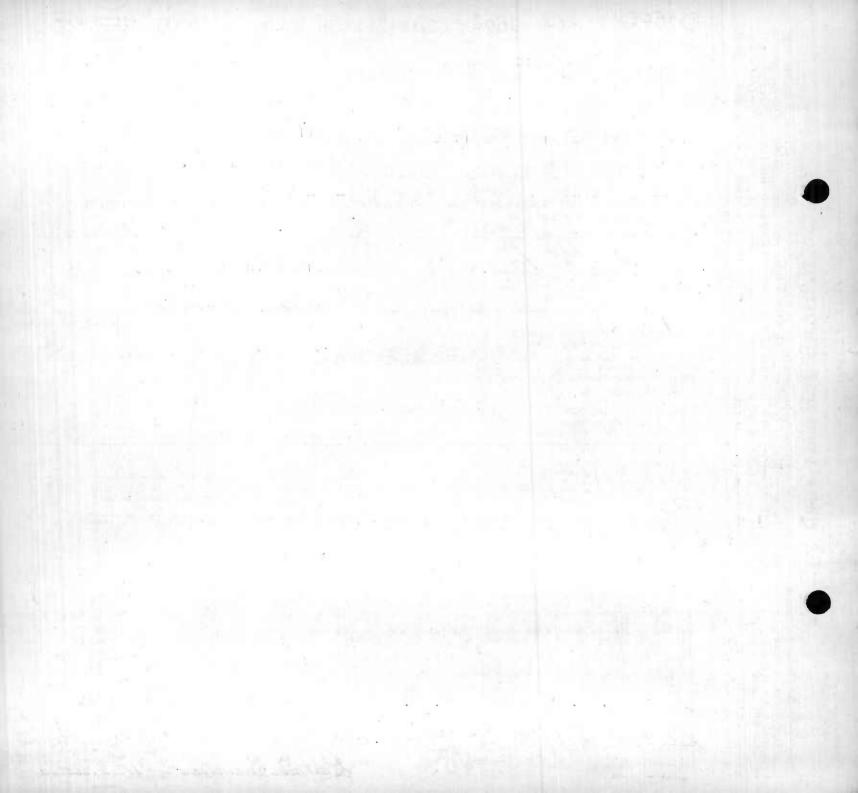


VS 150-REV. 1/1/68



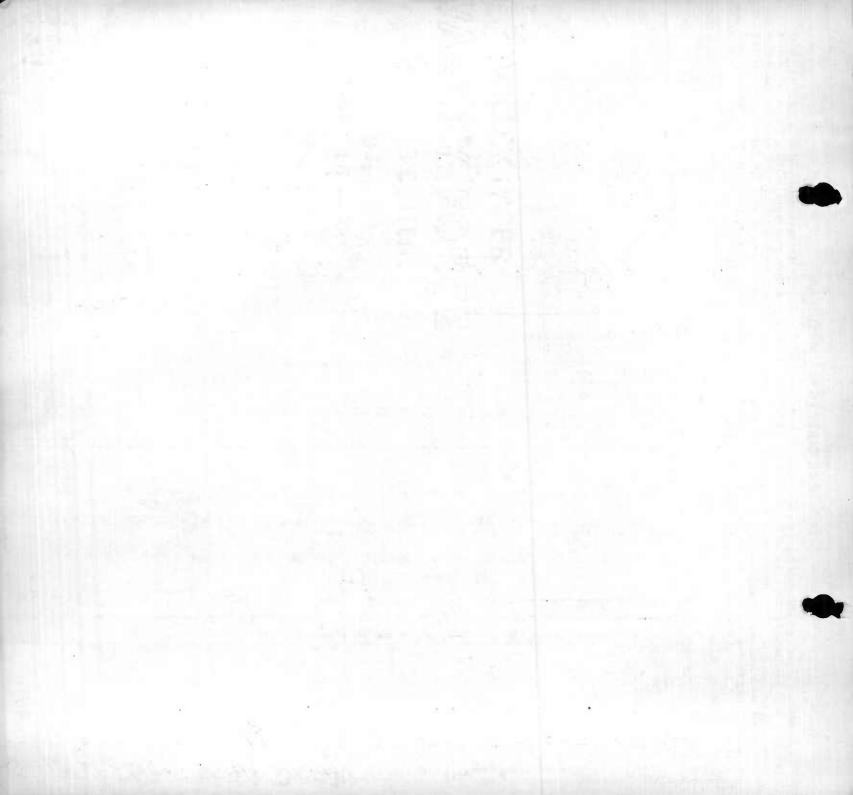
FUNERAL DIRECTOR: IMPORTANT

1/1/68

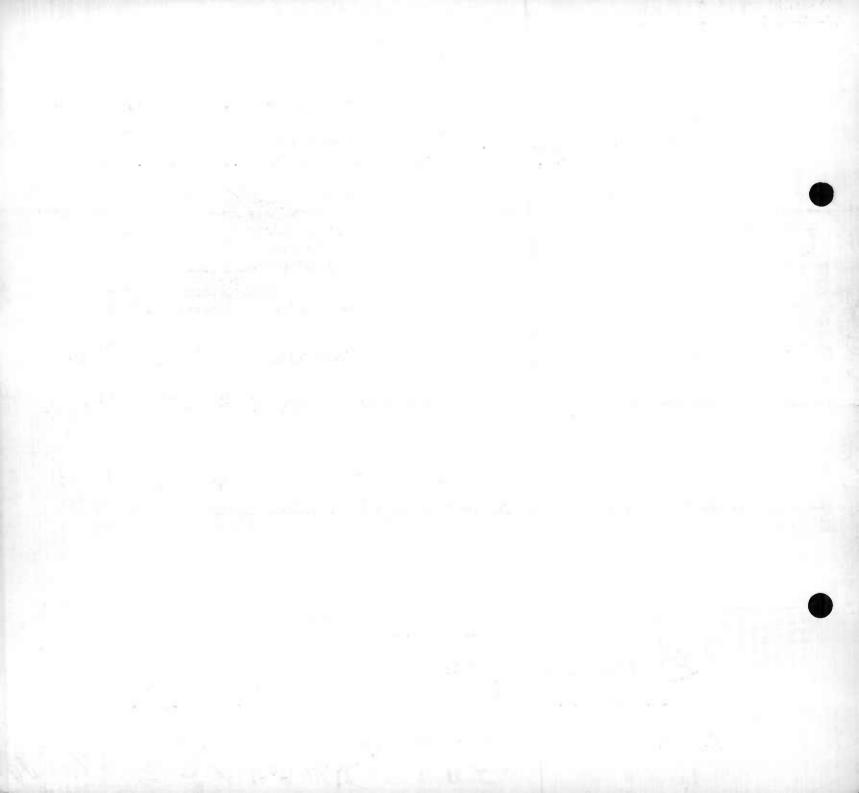


VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/68



BALTIMORE CITY HEALTH DEPARTMENT

Casey, Jr. 137 Timonium Rd. BETWEEN ONSET AND DEATH

and that in(my) (aur) apinian death accurred an the date

STEWART & MOWEN CO. 108 W. North Av. (1)

IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

NO

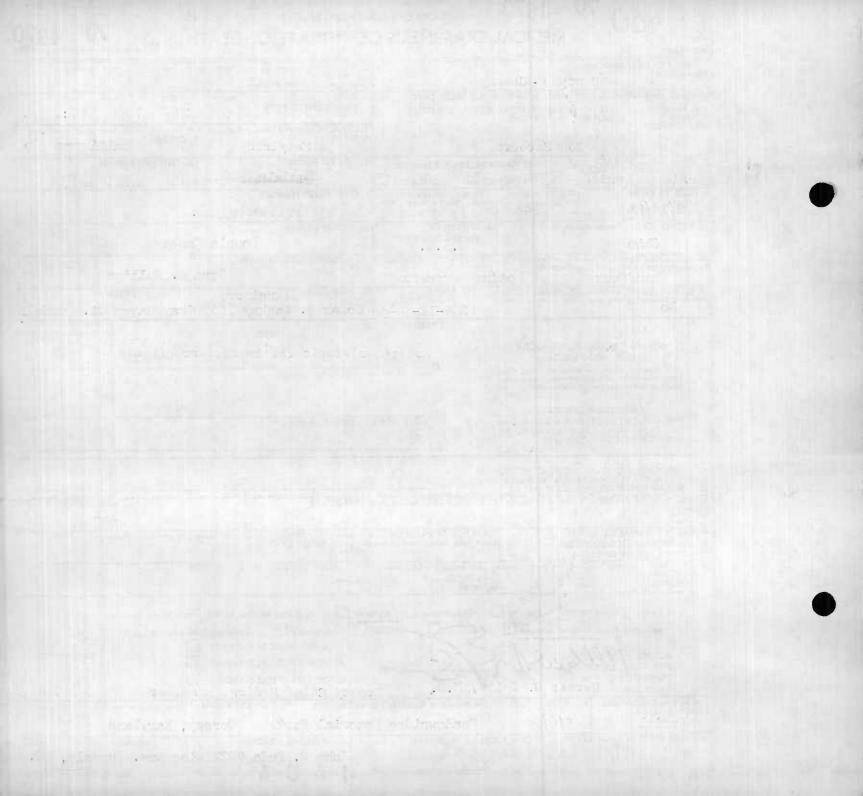
If Under 24 Hrs. Hours

12. CITIZEN OF WHAT COUNTRY?

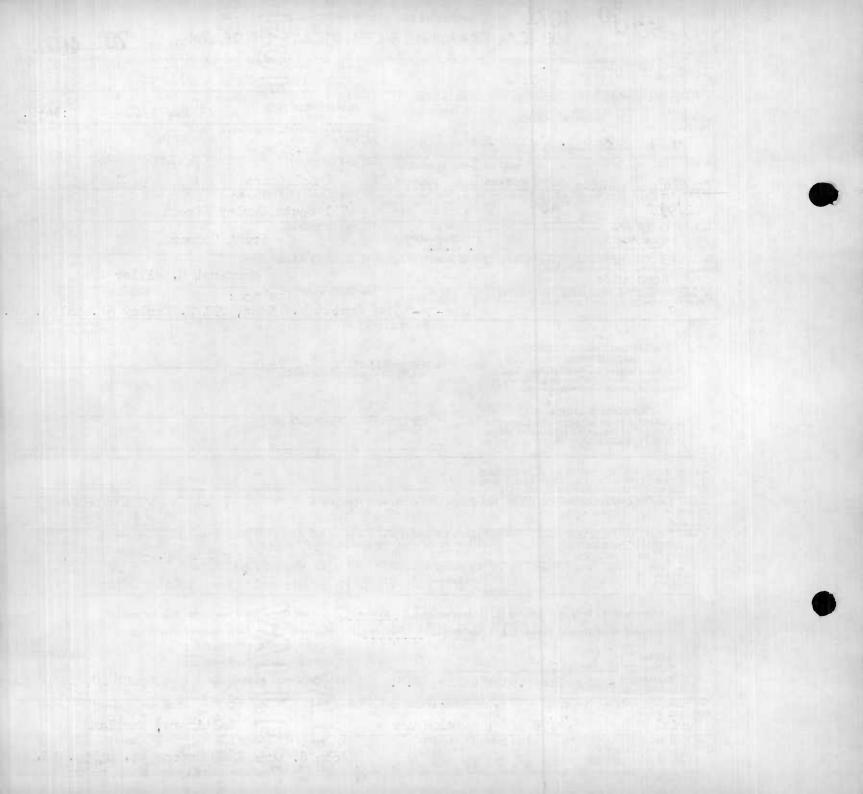
U.S.A.

(If In Boltimare City, give exact lacotion)

1900 Mount Royal Terrace.



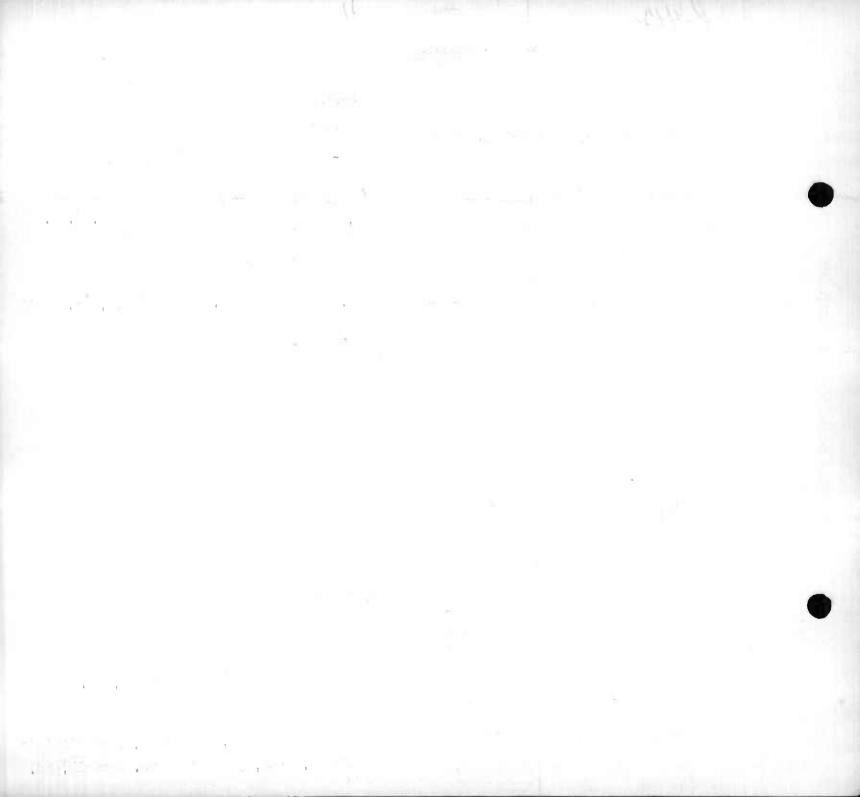
VS 151-REV. 1/1/68



IMPORTANT

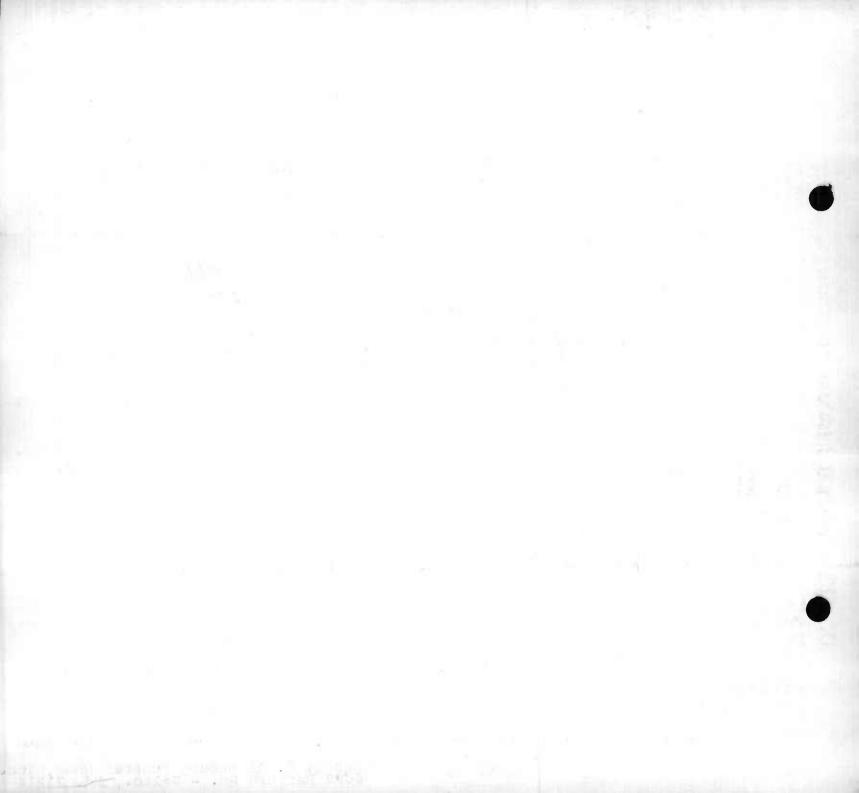
FUNERAL DIRECTOR:

O ilini ma	BALTIMORE CITY	HEALTH DEPARTMENT	200
DIKITI NO.		TE OF DEATH REG. NO	70 4672
VERUS P	HILLIPS.	2. DATE AND HOUR OF DEATH	6.45 D.
3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If i	nstitution; residence before admission)
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	Maryland Baltimore	53-00
South Baltimore Gen	eral Hospital	Dundalk	YES NO
43		7626 Dunmany	2. Dundalk
Male white	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost, birthdoy) 49	If Under 1 Ye. If Under 24 His. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of werk it done during, most of working life, even if setired)	os kind of Business or Industry Cool & Dye Maker	- w. Va.	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		West Virginia	H
Joe Phillips		Hazel Plum	
15. Wes Deceased Ever In U. S. Armed Force: (Yes, no or unknown) Ulf yes, give wor or dotes: Yes WWII	of service) 16. SOCIAL SECURITY NO. 277-18-6693	Mrs. Nelva Phillips,	Durmanway, Dundalk, Md. 21222
WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Day) (Yea)	ying, e.g., (A) IMMEDIATE CAU DUE TO, OR AS (B) DUE TO, OR AS (B) DUE TO, OR AS (C) RIBUTING TERMINAL (A) TON FOR WHICH OPERATION	A CONSEQUENCE OF: CLI CINE (FINDINGS CONSIDERED USES OF DEATH? re City, give oxoci lecetien)
(APPROX.)	While At Not While Work At Work	<u>'</u>	/
22. I certify that (i) (this hospital) a that (i) (we) last saw the deceased of		19 19 20 ta \$	nian death accurred an the date
and have and from the causes stated	abave. (1) (We) (did) (did not) vi		
Len (Dhim	ading Med. Stoff Phys. 2	23B DATE SIGNED
23C.PHYSICIAN'S NAME (Type)	2		timore, Md. OVER St.
Burial CREMATION. 248. DATE REMOVAL (Specify) Burial 5/7/70	City Cemetery		ly, town, or county) (Stoto)
	B. NAME OF REGISTRAR	John J. Duda, 7922 Wise	ADDRESS Ave. Dundalk, Md.

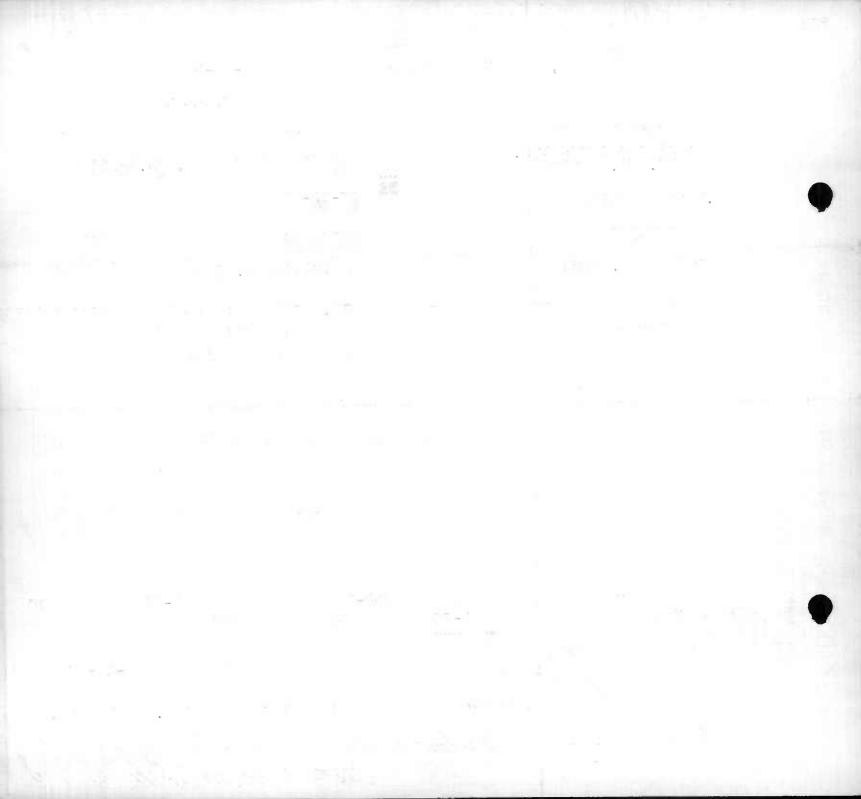


		- 13
	a hospital and cause of death se; (5) Deceased indance on the to death. Such	E T T T T T T T T T T T T T T T T T T T
•	or contributing or contributing andetermined cau in regular attedeceased priorition is made.	5 1 d
MPORTANT	his assistant if delso, if the direct of any kind; (4) Uunced death was tendance on the ed or final disposi	1 1:0
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	MENICAL CERTIFICATION
	This certificate must be approved the body was released to the hosp shows: (1) An accident of any natuwas D.O.A. at a hospital (except vecesed prior to death); and (6) written approval must be obtained	Cade
	This certification shows: (1) was D.O.A deceased written ap	2

B-653	70 4075		HEALTH DEPARTMEN		70 4673				
BIRTH NO.	4673	CERTIFICA	TE OF DEAT	H REG. NO	10.0				
1. NAME OF DECEASED (Type or Print)	inico S.	Bheat	2. DAT	E AND HOUR OF DEATH	11745				
3. PLACE IN BALTIMORE, MA	RYLAND, WHERE PROP	NOUNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If in	stitution: residence before admission				
FULL NAME OF (IF NOT HOSPITAL OR ADDRES	IN HOSPITAL OR INS	TITUTION, GIVE STREET	Many	D. INS	DE CITY LIMITS?				
North Ch	anles 6	eneral	7 300	one	YES NO				
49	Hospita		6. STREET AND NUMB	enietta Ave.	21214				
Male Wh	te widow		8. DATE OF BIRTH 2-25-06	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.				
10A, USUAL OCCUPATION (Give done during most of working life, eve	kind of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of	r foreign country)	12. CITIZEN OF WHAT COUNT				
Repairman 13. FATHER'S NAME	1601	to. Transit Co.	Manyl	and	NSA				
Joseph	Buen	+	14 MOTHER'S MAIDEN	Russell					
5. Was Deceased Ever in U. S. Yes, no or unknown) (If yes, give	Armod Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	/	ADDRESS				
1/10		219-14-1928	Ch.	2 mt					
18. 41/2/3		CAUSE OF DEATI	1		APPROXIMATE INTERVAL				
DISEASE OR COND			200	6	BETWEEN ONSET AND DEA				
	LEADING TO DEATH This does not meon the mode of dying, e.g., (A) IMMEDIATE CAUSE / LOUGHOUTE CAUSE OF CONSEQUENCE OF CONSEQU								
heori foilure, osthenio, etc.	. It means the diseas	DUE TO, OR AS	A CONSEQUENCE OF:						
injury or complication whi		(D.		77 . 7	& le serse yer				
		(B) 00 2 9 05		etic Hear	1 grange for				
rise to the obove co	ISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: O the obove couse (A) stating the								
UNDERLYING CONDITION	UNDERLYING CONDITION lost, (C)								
TO THE DEATH BUT NOT RE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].								
19A-DATE OF OPERATION 21A-ACCIDENT WAS UND		R WHICH OPERATION	20A. AUTOPSY? (Yes	OF NO. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?				
OR CONTRIBUTING CAU	SE OF h	TB. PLACE OF INJURY (e.g., ir ome, form, foctory, street, of itc.)	or obout 21 C. WHERE DI	D (If to Boltimor	e City, give exect location)				
OF INJURY	yl (Yeorl (Hour) 2	TE INJURY OCCURRED		INJURY OCCUR?					
(APPROX.)		While AI While At Work	· 🗆		1 -1				
22. I certify that (1) (this			9/20/2	19 to 5	1970				
that (I) (we) lost saw the			19 70 on	d that In (mv) (aur) only	nion death occurred on the de				
		(1) (We) (dld) (dld not) v		•	accounted on the de				
23A. SIGNATURE		1,111,111,111			23B, DATE SIGNED				
23C.PHYSICIAN'S	V. Petr	DEGREE Phys		Staff Phys.	5/1/20.				
NAME (Type)	V. PAT	Ch'CI'O DEGREE	MO RAH C	HARLES	QECT. HOTP				
24A. BURIAL CREMATION, 24B.	DATE 24C.	NAME of CEMETERY OF CRE	MATORY 24	D. LOCATION (Ci	y, town, or county! (Stote)				
Burial !		rdens of Fai	th Cem.	Baltimore	Marylan				
AY 5 1970 Policy	BE, Valley	ACO O O	Robert C.	Altenburg 1	ADDRESS Funeral Home]				
\$ 150-REV. 1/1/68			TIBEL COOR	ord Rd Ba	alto. Md. 212				



VS 150-REV. 1/1/68

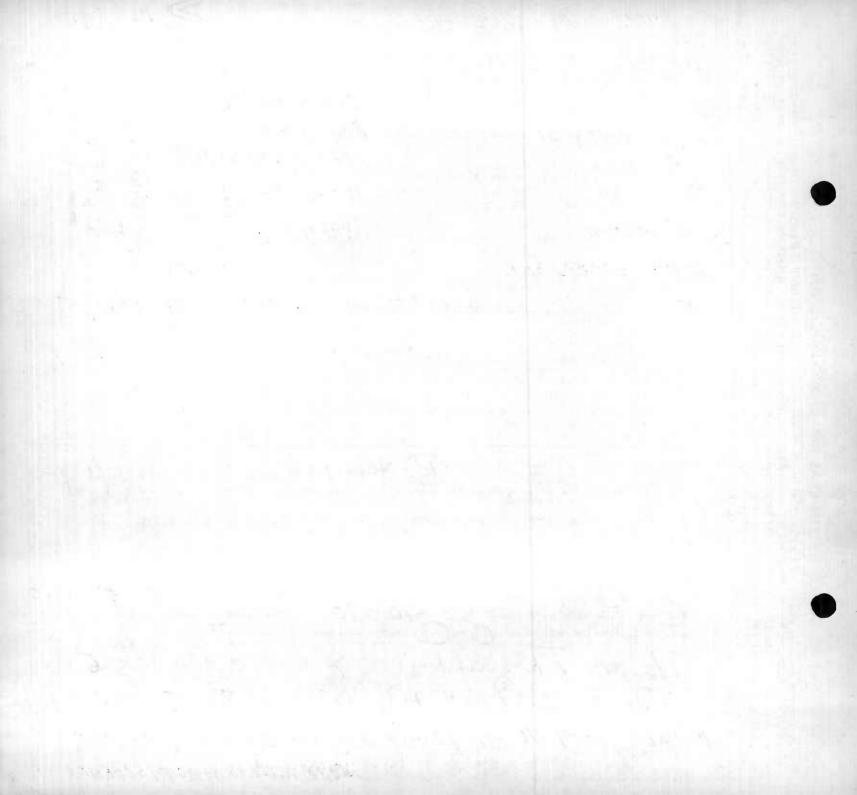


IMPORTANT

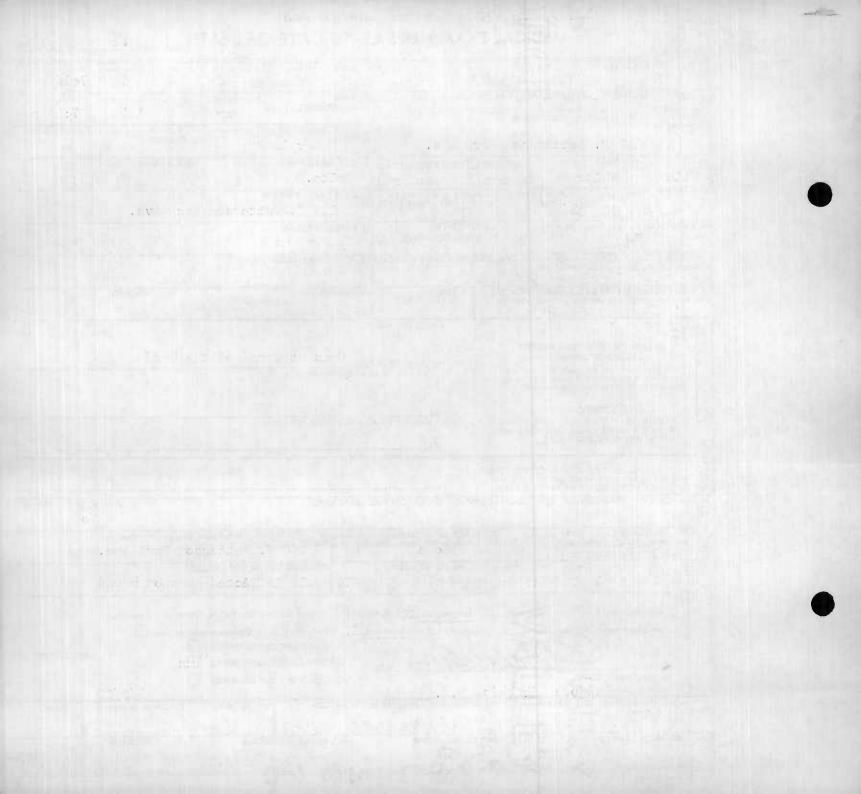
FUNERAL DIRECTOR:

REG. NO. CERTIFICATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) D. INSIDE CITY LIMITS? YES X NO II Under 1 Yr. Months: Days If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) (aur) apinian death accurred an the date 23B. DATE SIGNED shows: (1) Was

BALTIMORE CITY HEALTH DEPARTMENT



70 4676 BALTIMORE CITY HE	ALTH DEPARTMENT	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	70 4676
BIRTH NO.	REO. 110	3070
1. NAME OF DECEASED (Type or Print) DONALD J. CAMUING	2. DATE Known Manth Doy OF 5 4	70 7:15 p M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD May 4, 1	970 7:15 p
O 108 S. Patternson Park Ave.	5. USUAL RESIDENCE (Where deceased lived, if Institution: A. STATE Maryland B. COUNTY	residence before admission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN ID. INSIDE CIT	Y LIMITS?
Male White WIDOWED DIVORCED	D-14-	
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, II Under 24 Hrs. Months: Days Hours Min.	E. STREET AND NUMBER 108 S. Patterson Park Ave	
II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY	13. FATHER'S NAME THOMAS H. CA.	WHIING
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, given if retired)	15. MOTHER'S MAIDEN NAME	79770
ABBOTT TYPEWRITER CO	MABEL WILLIA	945
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no of unknown) (If yes, give wor or doles of service) LULY IT SECURITY NO.	18. INFORMANT AD ELAINE SMITH 114	S- WASHINGTON
CAUSE OF DEAT	Н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (This does not mean the mode of dylag, e.g., (A) IMMEDIATE C. DUE TO OR A		
heart lailure, osthenia, etc. It means the disease, injury or complication which caused death.)	S A CONSEQUENCE OF:	
	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST		
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED	21. AUTOPSY? (Yes or No) NO
UTING CAUSE OF DEATH.	in or obout 22C. WHERE DID (If in Baltimore City, give exact bldg., etc.) INJURY OCCUR? Patterson Park	//./-
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.) 5 4 70 6:50 Pm. WHILE AT WORK	WHILE Self inflicted gunshot	wound
23. I certify that I held an Inquiry Inspection X Aut	opsy and that on this basis, death in my o	
	• XX Homicide Undetermined manner	
Solician Solician Solician	CHIEF MEDICAL EXAMINER	
SIGNATURE AMMINIMAN M.D.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Isidore Mihahkis, M.D. 24A. BURIAL CREMATION, 24B. DATE 124C. NAME of CEMETERY of CEMETE	5	/5/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF STREET O	OF CREMATORY 24D. LOCATION (City, town,	or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR AD	DRESS 401
MAY 6 1970 Rubert C. Jaben, M.D.	JOHN M. WEBERD SONS	S. CHESTER ST.
VS 151-REV. 1/1/68	1002	



70 4677 BALTIMORE CITY HE MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 4677
I. NAME OF DECEASED (GATTUON LEE TAYLOR	2. DATE Known Month Day Year Hour OF DEATH Estimated M.
4. CACE INSATHMORE MARYAND, WHERE PRONOUNCED DEADE D FUR MARYAN (ILAS) A DOSPITAL OR INSULTATION OF THE D HOSPITAL ADDRESS OR LOCATION)	3. DATE PRONOUNCED DEAD May 5, 1970 Year Hour 8:30 A. M.
2515 Madison Avenue (DOA)	A. STATE Maryland B. COUNTY 30
6. SEX 7. RACE 8. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO
9. DATE OF BIRTH 7/27/48 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. 7/27/18 17-20 Months Doys Hours Min.	e. STREET AND NUMBER 2515 Madison Avenue
Maryland 11. BIRTHPLACE(Stote or foreign country) Maryland 12. CITIZEN OF UWHAT COUNTRY?	Lee Taylor
done during most of werking life, even il retired) Unemployed	Lucille
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO.	Mrs Lucille Taylor, 420 E Predton S
injury or complication which coused death.) ANTECEDENT CAUSES	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:
XXX	AS PERFORMED 21. AUTOPSY? (Yes or No) Yes
UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) I certify that I held on Inquiry Inspection AL resulted from: Natural couses Accident Suicid ACTUAL SIGNATURE EXAMINER'S RUSSell S. Fisher, M.D. NAME (Type) 24A, BURIAL CREMATION. 24B, DATE 124C, NAME of CEMETERY	CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER 5/4/70
REMOVAL (Specify)	n Cemetr v Baltimore Md 25CAFUNERAL DIRECTOR Halstead 1200 W north A

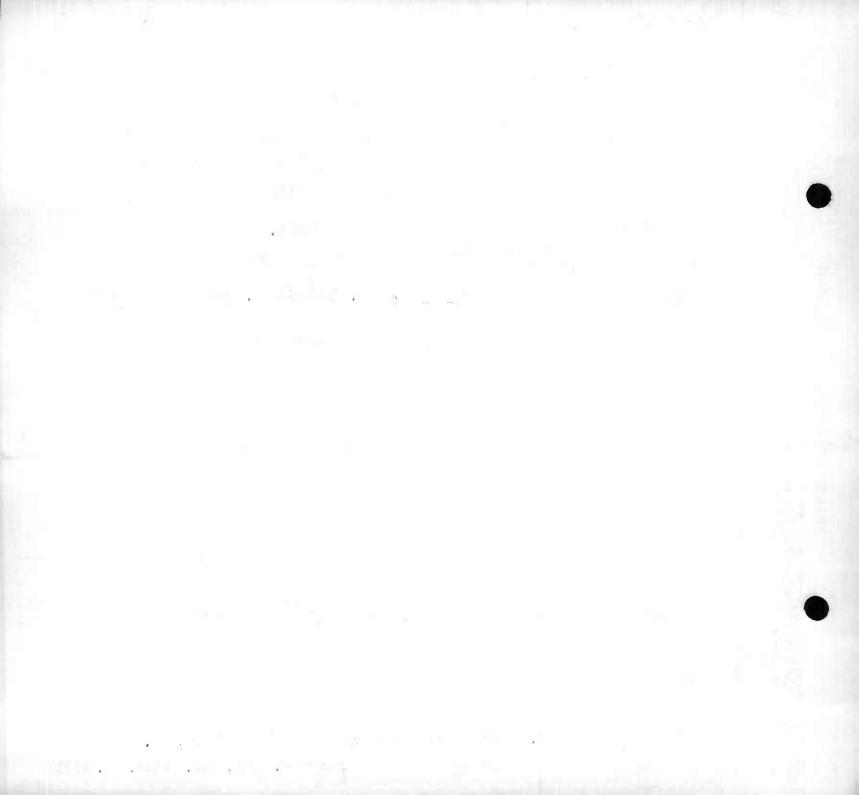
15			BALTIMORE CITY	HEALTH DEPARTMENT		70 4050
BIRTH NO.	0 70	4678		TE OF DEATH	REG. NO	70 4678
1. NAME OF DE	CEASED Newton, Jame	s		2. DATE A	ND HOUR OF DEATH	10:30 A.
3. PLACE IN BA	LTIMORE MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WI	nere deceased lived. If in	stitution: residence before admission
FULL NAME OF			JTION, GIVE STREET	Maryland c. CITY OR TOWN		DE CITY LIMITS?
20	Providen			Baltimore		YES NO
39.	1514 Div		reet Land 21217	E. STREET AND NUMBER 513 Laurens	St.	
5. SEX Male	6. RACE Negro		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last birthday)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		WIDOWED		11. BIRTHPLACE (Stote or for	73	
done during most o	f working life, even if retired)	NIOS, KIND OF	BUSINESS OF INDUSTRY	Va.	reign country)	12. CITIZEN OF WHAT COUNTRY U. S. A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	AME	30 20
			?			?
Yes, no or unknow	d Ever in U. S. Armed Fa n) (If yes, give wor ar dot	rces? es of service)	SECURITY NO.	17. INFORMANT		ADDRESS
Yes	M W	1	570-50-057	3Mr. Andrew M	osley-Friend	d Same
18.	2.3 1		CAUSE OF DEATI	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
heart failure injury of ca	not mean the mode of , ashbenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if	the diseose, I death.)	e to	Periton A CONSEQUENCE OF: A CONSEQUENCE OF:	itis	miceney.
rise to the	ie above cause (A)	sloling the	(c)			
OTHER SIGNI	FICANT CONDITIONS CO	HE TERMINAL				
OTHER SIGNI TO THE DEA DISEASE OR 19A. DATE O	F OPERATION 198 CONWAS PER	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or N	ON CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH?
. OR CONTRIB	NT WAS UNDERLYING DUTING CAUSE OF medical examiner	21 B. homelc.)	PLACE OF INJURY (e.g., ir b, form, factory, street, aft	or obout 21C. WHERE DID	(II In Boltimore	City, give exact location)
DEATH (notify of INJURY (APPROX.)	(Manth) (Doy) (Year)		INJURY OCCURRED Nol While At Wark	21F. HOW DID IN	JURY OCCUR?	
22. I certify	that (I) (this hospita	l) attended th	e deceased from 4-	30-70	19 to 5-3-	-70 ₁₉
	last saw the decease				hat in (my) (our) opin	ion death accurred on the date
		ted above. (1)		ew the bady ofter death.		
23A. SIGNAT	OKE A		A.W.		c. N —	23B, DATE SIGNED
OC BUYELEY	C, da	red	DEGREE Phys		Staff Phys. St	May 4, 1970
23C. PHYSICIA	C. Ler	red	DEGREE	3D. ADDRESS 1514 Divison	Street Balt	timore, Md.
4A. BURIAL CRI	Specify) 24B, DATE	24C. NA	ME of CEMETERY of CRE	MATORY 24D. 1	LOCATION (City	y, town, or county) (Stote)
Burial	L 5/8/70		ational Cem		altimore,	Md
MAY 6	1970 Paber	25B. NAME O	FREGISTRAR	25C. FUNERAL DIRECTO		206 W north A
/S 150-REV. 1/1/				-4-0-3-4		



FUNERAL DIRECTOR: IMPORTANT

0,	E 2710		BALTIMORE CITY	HEALTH DEPARTMENT		70 4000
	5370 46	579	CERTIFICA	TE OF DEATH	REG. NO	70 4679
NAME OF	DECEASED				AND HOUR OF DEATH	
(Type or Print)		A = = = = = = = = = = = = = = = = = = =	Classica a dalla			
3 PLACE IN	William BALTIMORE MARYLAND				here deceased lived. If it	nstitution: residence before admission)
3. PLACE III	BALINVIORS IVIARIEAND	, WHERE PRONO	ONCED DEAD	A. STATE B. CO	UNTY	I A A A
FULL NAME	OF (IF NOT IN HOS	PITAL OR INSTIT	UTION, GIVE STREET	Maryland		2735
HOSPITAL OF	ADDRESS OR LO	DCA IION)		C. CITY OR TOWN		IDE CITY LIMITS?
71		7 77		Baltimore		YES NO
Und U	nion Memori	al Hosp	•	E. STREET AND NUMBER		
				3310 Nort	hern Pkwy.	
. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Male	Caucasian	WIDOWED	DIVORCED	7-2-90	79	William Days Troots Ivini.
			BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
done during mo Mecha	st of working lite, even if retire nic Res.	od)		Baltimore, Ma	ryland	U.S.A.
3. FATHER'S				14. MOTHER'S MAIDEN N		
a 1				77.1 - 1 AL	**	
	rles Grinath			Elizabeth	Hauser	
5. Was Dece Yes, no or unkn	own) (If yes, give wor or	forces? dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			212-10-2732	Mrs. Lauretta	Walker. 3310	O Northern Pkwy.
1B. //	1101		CAUSE OF DEATI		2 0	APPROXIMATE INTERVAL
DIS	EASE OR CONDITION	DIRECTLY		(a) A-d	M	BETWEEN ONSET AND DEATH
	LEADING TO DEA		(A)IMMEDIATE CAU	selverile lato	LAMO (Secles	and Ital
	s not meen the made		DUE TO OR AS		7	
	ure, asthenio, etc. It med camplication which cou		11	Λ Λ	./	
mjor, ar	ANTECEDENT CAU		10070	Illa to	(0 V// 1)	15 10 10)
			(8) 1144	rauce		12 years
	OR CONDITIONS, the above couse (DUE TO, OR AS	A CONSEQUENCE OF:		
	ING CONDITION lost.	A) sidility life	(c)			/
	11		dia V	1 1/1	1	- 8 1
OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING	() () () ()	as the as the	000	mb 3.4.4
E TO THE D	EATH BUT NOT RELATED T	O THE TERMINAL	(hrome (vecco por	or persien	" Jylous
		ONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE	FINDINGS CONSIDERED
D N		PERFORMED			IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
U 21 A. ACC	IDENT WAS UNDERLYING	G 21B	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Beltime	re City, give exact location)
OR CONT	RIBUTING CAUSE OF		ne, form, foctory, street, of	fice bldg., INJURY OCCUR?	, , , , , , , , , , , , , , , , , , , ,	, grid discrete
U						
OF INJUR			. INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?	
(APPROX.)		Wh	ile At Not While			-/ -
22 1	sifu shas (I) (ship L			11/9	1953 to	5/4 10 70
	tify that (I) (t his hospi		ne deceased fram	1/7/		
that (I) (last saw the dece	ased alive an	7/20	19// and	that in (my) (our) api	inion death accurred an the date
and hour	and fram the causes	stated above (l) (We) (did) (did nat) v	iew the bady after deat	h.	
23A.SIGN	AT,URE	111	111			23B. DATE SIGNED
/	Myshu A	TA	Dhue	nding Med.	Staff Phys.	5/5/70
23C.PHYS			DEGREE	23D. ADDRESS	,	1 / /
	Melvin F	. Polek		3603 Belai	r Rd	
			DEGREE			
	CREMATION, 248. DATE	24C. N.	AME of CEMETERY of CRE	MATORY 24D.	LOCATION (C	ity, town, or countyl (Stotel
_	ial 5-7-	70 Bal	Ltimore		Balto., Md.	
	C'D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
MAY	3 1970 06.54	E. Jabe	MA DO	Lednard J.	Ruck, Inc.,	5305 Harord Rd
/S 150-REV. 1	/1/68		7 .0- 0	- Harrana A	MICCOTT TITO . 9	5305 Harord Rd

11	1 .110	1940		BALTIMORE CITY	HEALTH DEPARTMENT		70	1000	
	L-462 RTH NO.	70	1680	CERTIFICA	TE OF DEATH	REG. NO.	.7.0	4680	
	NAME OF DECEASED					ND HOUR OF DEATH			
1	Helen	5.6	Mriel	1	5.			5:40 PM	
3.	PLACE IN BALTIMORE	MARTEAND, WHE	RÉ PRONOUN	CED DEAD	4. USUAL RESIDENCE (W)	nore deceased lived. If in	stitution; resi	dence before odmission)	
Es	ILL NAME OF (IF	NOT IN HOSPITAL	OR INSTITUT	ON, GIVE STREET	Md		2	741	
in	OSPITAL OR AD	DRESS OR LOCATIO	N)		C. CHY OR JOWN	D. INS	DE CITY LIM	ns?	
114	Union M	21.	1 11	a ital	Daltmore		YES T	NO 🗌	
110	Union 00	1em our	al /10	sprial	E. STREET AND NUMBER	-/ 1/ /	1		
					14025 E	-hodale f	we.		
5.	SEX 6. RACE	1	MARRIED	NEVER MARRIED DIVORCED Z	8. DATE OF BIRTH 93	9. AGE (In years last birthday)	If Under 1 Months D	Yr. If Under 24 Hrs. ays Haus Min.	
10/	LUSUAL OCCUPATION	(Give kind of work 108	KIND OF BU	USINESS OR INDUSTRY	11. BIRTHPLACE (Stota or fa	reign country)	12. CITIZEN	N OF WHAT COUNTRY	
	Homemaker	e, even if relired)			Penna.		USA		
13.	FATHER'S NAME	1 1 ?	Johns	on	14. MOTHER'S MAIDEN NA	AME /			
	DEPOSOCIO DE LA CONTRACTION DE CONTR	pppopopopo d	togophs		Mary U	nhowy			
15, (Ye	Was Deceased Ever in Us, no or unknown) (II yes,	J. S. Armed Farces? give wor or dates of	service)	security No. 20-14-665 2	17. Informany Mr / Frederick	W. WAII +		DORESS	
-	18, / 2/ 0				112501121	CUEPI			
-	406.9			CAUSE OF DEATH	I Vaxeular a	11.4		APPROXIMATE INTERVAL	
		ONDITION DIRECT	TLY			callery			
	(This does not mean	the mode of dvi	ng, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:				
	heort failure, osthenio, injury ar camplication	elc. Il meons the	discose.	DUE TO, OK AS A	CONSEQUENCE OF:				
			11107				ŀ		
		ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF:							
	rise to the above	e to the abase conse (W) stating the							
	UNDERLYING COND	ITION last		(c)	*************************************	************			
١		11							
ERTIFICATION	OTHER SIGNIFICANT CO	NOTIONS CONTR	BUTING						
X	DISEASE OR CONDITION	GIVEN IN PART 1	A).						
풀	19A. DATE OF OPERATION	WAS PERFORM	ON FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	FINDINGS CO	ONSIDERED	
12	ol s				Tes				
7	OR CONTRIBUTING	CAUSE OF	home,	ACE OF INJURY (e.g., In form, factory, straat, off	or about 21C. WHERE DID	(il In Boltimore	e City, give e	xoci lacation)	
S	DEATH (notify medical	exomined	etc.)						
MEDI	21D. TIME (Manth)	(Day) (Year) (H	oud 21E IN	JURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
2	(APPROX.)		While Work	At Mot While					
	22 1 anotify that (1)	(also beauta)		— Al Wolk				7	
	22. I certify that (1)					19 7.2 to		5.3 1920	
	that (I) (we) last saw			5-		hat in (my) (our) opin	ntan death	accurred an the date	
	and have and from th	e causes stated	apaner (1) ()	(did) (did nat) vl	ew the bady after death.				
	23A. SIGNATURE			11		E 50	238 DATE S	SIGNED	
	/// (ven	hall	40.	DEGREE Phys.	ding Med. Director	Stoff Phys.	5-3	3-70	
13	236 PHYSICIAN'S NAME (Type)				3D. ADDRESS		/ .		
				100 100 100 100	(1. n.	lemoria!	1400	piT2/	
24/	REMOVAL (Specify)	248. DATE	24C.NAM	E of CEMETERY OF CREA	MATORY 124D.	LOCATION (Cit	y. lown, ar c	aunty) (State)	
	REMOVAL (Specify) Burial	5/7/70.						com, (sinte)	
25/				on Park Ceme		Baltimore, N	id.		
1	MAY 6 1970	Bes E. V	NAME OF	O O O	Leonard J.	Ruck, Inc. Ba	alto. M	ADDRESS d. 21214	
VS	150_9EV 1/1/69					1			



2-36	3 70 4	681	CERTIFICA	TE OF D	FATH	REG. NO	70 46	81
BIRTH NO.			CERTIFICA	IL OI D	2. DATE AND HO	IP OF DEATH		
(Type or Print)	loward A .Stree	F-A			May 3, 19		9	Α.
	ALTIMORE, MARYLAND, W		JNCED DEAD	4. USUAL RESI	DENCE (Where dece	ased lived. If in	stitution: residence bef	A o
FULL NAME O				Marylar Marylar	B. COUNTY		12	011
HOSPITAL OR	ADDRESS OR LOCA	TION	JTION, GIVE STREET	C. CITY OR TOV	VN	D. INSI	DE CITY LIMITS?	
00				Baltimo	ore		YES X NO	
00				E. STREET AND				
21	L6 West 27th S	t		216 Wes	st 27th St			
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIR	A Acres Lin	(In years	If Under 1 Yr. If Months Doys Hou	Under 24 Hr
Male	White	WIDOWED		Oct. 30,	1906.	thdoy) 63		
	CUPATION (Give kind of work of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign cou	ntry)	12. CITIZEN OF WH	AT COUNTR
Condu		R	ailroad		Maryland		USA	
13. FATHER'S N	AME			14. MOTHER'S	MAIDEN NAME			
	Mark H. S	treett				Katherin	e McGreevy	
5. Wos Deceos	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT			ADDRESS	
No	wn) (If yes, give wor or dote	s of service)	717-07-8276		therine R.	Streett		ame)
1B. / / /	(1)		CAUSE OF DEAT	H			APPROXIMA BETWEEN ON	TE INTERVAL
OTHER SIGN TO THE DEL	OR CONDITIONS, if the above couse (A) NG CONDITION last. II IIFICANT CONDITIONS CO ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PART OF OPERATION 1198. CON	Stoting the NTRIBUTING HE TERMINAL T 1 (A).	(c) CENTRA	AUZFD,	A-SCLEP	0515	FINDINGS CONSIDER	FD.
19A. DATE	WAS PERI		WHICH OFERATION	200. AUTOF	IN C	ERTIFYING CA	USES OF DEATH?	
OR CONTRI	BUTING CAUSE OF	21 B hom etc.	PLACE OF INJURY (e.g., i e, form, foctory, street, of	n or obout 21 C. W ffice bldg., INJUR	HERE DID	(If In Boltimor	e City, give exoct locot	ion)
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. H	OW DID INJURY O	CCUR?		
S OF INJURY		Wh	ile At Not While	е				
22 1 - 11	C. Abas (1) (Abasalas assessed			5/7/	10.60	. to 5/	3/	19.70.
	fy that (1) (thedisəngi		5/3/	10.70	19 69			
	last sow the decease			19 70.		my) (XEVE)Kopi	nion deoth occurre	on the d
	nd fram the causes stot	ed obave. (I) 1006) (did) (did) (did) v	iew the body a	fter death.			
23A. SIGNA	FORE () . A	1 ~		adia -			23B, DATE SIGNED	
	(Dent 1+	1-	DEGREE Phy		irector Phys.		5/4/70.	
23C. PHYSIC NAME	(Type) Konstantinos G	Dni tee		23D. ADDRESS	1211 E. No	rthern 1	Parkway, Bali	to. Md.
	REMATION, 248. DATE		AME of CEMETERY OF CRI		24D. LOCATIO		ty, town, or county)	(Stote)
REMOVAL	(Specify)		opstown Meth.					(alote)
Buria						opstown,	•	
MAY 6	1970 Robert	25B. NAME	OF REGISTRAR		d J Ruck I	nc. Balt	imore, Mary	
VS 150-REV. 1/	1/68							

THE DES 685 48EU Theodate .T app. 11 / /2:

Participation of the state of t

0 -10			BALTIMORE CITY	HEALTH DEPARTA	MENT	1	17/0	
3-365 BIRTH NO.	70	4682	CERTIFICA	TE OF DEA	ATH /	REG. NO	_/U	4682
NAME OF DEC	EASED			2.	DATE AN	D HOUR OF DEATH	1	
Type or Print)	ELLEN	J. STI	ROMBERG		Max	2, 1970	1	11:45M
3. PLACE IN BAL	TIMORE MARYLAND, W	•		4. USUAL RESIDEN		e deceased lived. If	institution; resid	ence before odmission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland		Baltimo		5300
NOITUTION				Baltimore	e	D. IIV	YES	NO 🗌
40	St. Agnes H	_		E. STREET AND N			15.21	
SEX	Caton & Wil			B. DATE OF BIRTH		Avenue 9. AGE (In years	If Under 1	Yr., If Under 24 Hrs.
emale	White	WIDOWED	NEVER MARRIED X	April 24,	1	lost birthdoyl	Months Do	ys Hours Min,
			F BUSINESS OR INDUSTRY			gn country)	12. CITIZEN	OF WHAT COUNTRY
	working life, even if retired)						77 0	. A
Clerk		Wester	n Auto Co.	Mary	land	3 1 7 9	0.5	.A.
FATHER'S NA	ME			14. MOTHER'S MA		AE		
	lliam F. Stro			Emma	Ва	11s		
. Wos Deceosed	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		400		DDRESS
No			216-03-1278	Emma J.	Strom	berg 4204	4 Wilken	21229
18. / / /	0		CAUSE OF DEAT	Н				PPROXIMATE INTERVAL
head failure, injury ar con DISEASES (rise to the UNDERLYIN)	LEADING TO DEATH nat meen the made of asthenia, etc. Il means application which coused ANTECEDENT CAUSES DR CONDITIONS, if e abave couse (A) G CONDITION lost.	the disease, death.) ony, giving stoling the	00010,0070	A CONSEQUENCE OF		J. June	/ex-	SUOVEM
TO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	HE TERMINAL		1204 4070 8540	V NI-1	1 200 te vec wen	- EINDINGS CO	NCIDEBED
19A. DATE OF	OPERATION 198. CON	FORMED FOR	WHICH OPERATION	20 A. AUTOPSY?	Tes of No.	IN CERTIFYING C	AUSES OF DE	ATH?
OR CONTRIBI	NT WAS UNDERLYING DITING CAUSE OF medicol exominer	216 hon etc.	B. PLACE OF INJURY (e.g., i ne, form, foctory, street, o	n or obout 21C. WHEI	RE DID CCUR?	(If in Boltim	ore City, give e	xoct locotion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED nile At Not While At Work		DID INJ	URY OCCUR?		
22. L certify	that (1) (this haspita	l) attended t	the deceased from	ma	c 1	196/ to	ma	2 19 20
	last sow the decease		N		-			occurred an the dot
and hour an	d fram the causes sta	ted abave. (1) (We) (did) (did nat)	riew the bady ofte	r death.			
234 SIGNATI	JRE /						23B. DATE	SIGNED
Mas	There	w	DEGREE	ending Med. S. Direc	tor	Staff Phys.	5/4	1/70
NAME (N Fred		23D. ADDRESS	cie A	VODUO Doll	to Ma	21227
AA. BURIAL CRE			AME of CEMETERY OF CR			venue, Bal	City, town, or c	
REMOVAL	Specify)				,			
Burial SA. DATE REC'D	5-5-19 BY HEALTH DEPT.		don Park Cemet	25C. FUNERAL	Ba 1	timore, Ma	ryland	ADDRESS
IAY 6 10	70 Pole En	Jaber 1	(A) (1)				Wilkens	Ave. 21229
\$ 150-PEV. 1/1/		1			2 U			

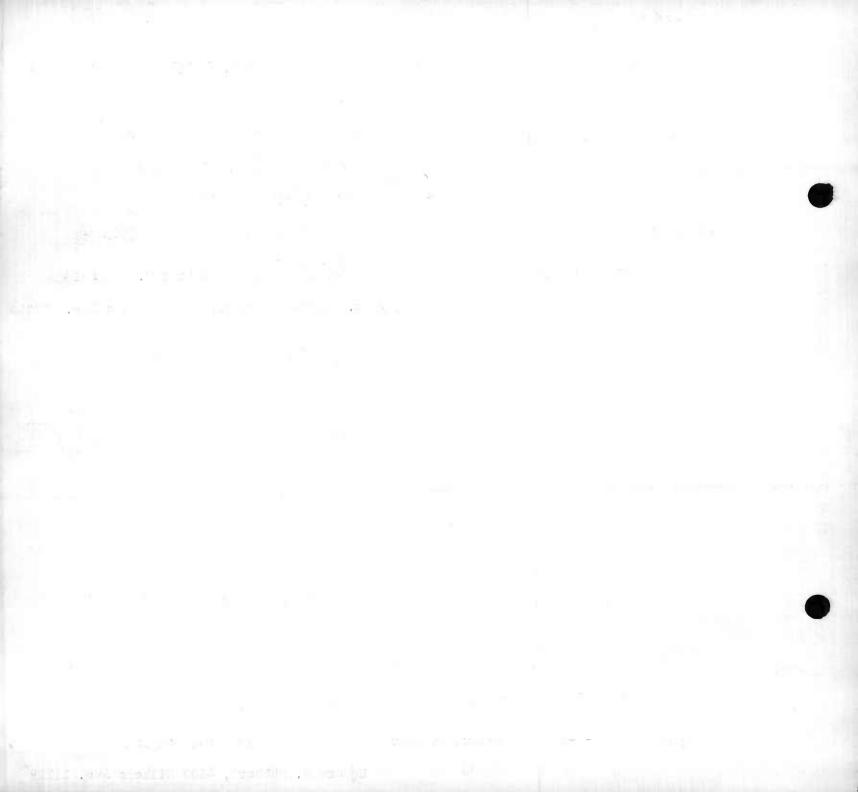
the same and the s

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



IMPORTANT

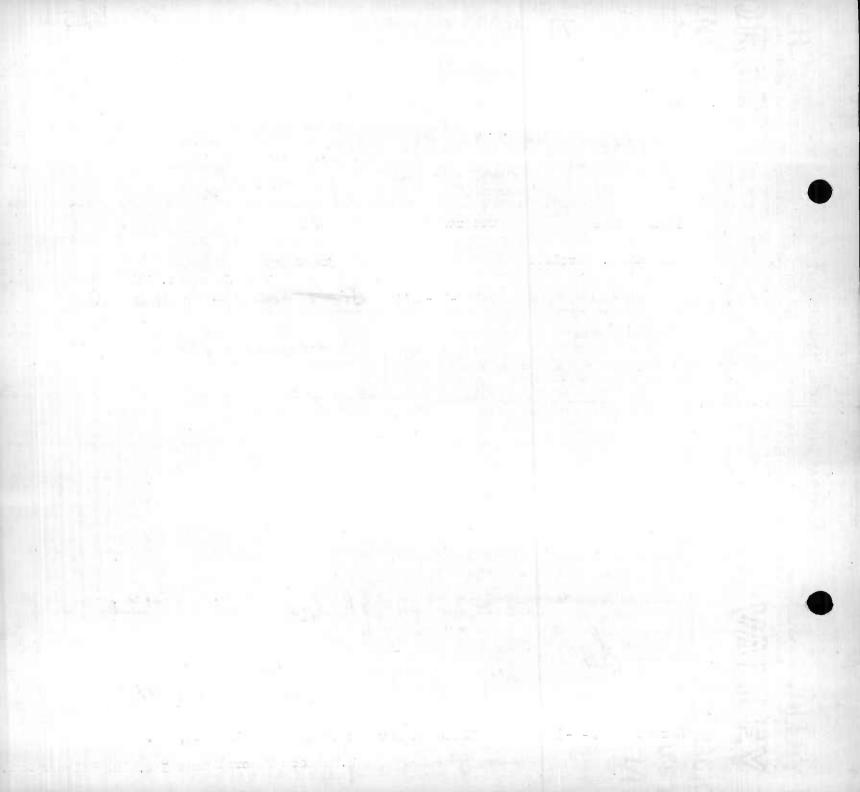
DIRECTOR:

FUNERAL

. Therefore the first parameters are the first parameters and the first parameters are the first parameters and the first parameters are the first parameters are the first parameters and the first parameters are the first Filter Printeres AND THE STATE OF T

FUNERAL DIRECTOR: IMPORTANT

- \		BALTIMORE CITY	HEALTH DEPARTMENT	770	0 =
1	-525 70	4685 CERTIFICA	TE OF DEATH	reg. No. 70	4685
BIRTH	NO.	4000			
	OF DECEASED	n 4	2. DATE AND H	DUR OF DEATH	0 3
() y p e	CARCLINE	B. JOHNSON	5/2	170	1 9.20 PM.
3. PL A	CE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where dec		n: residence before admission)
	NAME OF US NOT IN HOSPIT	AL OR INSTITUTION CIVE STREET	MD BAIT	MORZ	11.11
HOSP	NAME OF (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CIT	VIIMITS2
INSTIT	TUTION		BALTIMORZ	YES	_/ _
46	1	ACDITA)	70	YES	A NO [
	LUTHERAW IL	031/1115	E. STREET AND NUMBER	0	
			3313 POPLAX	(3).	
5. SEX	6. RACE	7. MARRIED NEVER MARRIED	f and a least l	GE (In years If United by Mant	nder 1 Yr. If Under 24 Hrs. hs! Days Haurs Min.
	F b/	WIDOWED DIVORCED	C/23-04 10st	/ (-	ns Duys Hubis Num.
IOA II	SUAL OCCUPATION Give kind of work	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign co	(0.3)	TITIZEN OF WHAT COUNTRY?
	uring most of working life, even if retired)		A.		
	xnax Nurse	retired	VA.		U.S.A.
3. FA	THER'S NAME		14. MOTHER'S MAIDEN NAME		
	Robert H. Bartlet		Grace Hoy		
S. Wa	s Deceased Ever in U. S. Armed Far		17. INFORMANT 2405 J	ames St. 212	30 ADDRESS
		s of service) SECURITY NO. 220-22-1553	it and balact	L Bartlett	Reather.
No	,	220-22-1000	OTHER STORES	- barlley	7 00
1B	1/12/1/	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DI	RECTLY			DETWEEN CHOSET AND DEATH
	LEADING TO DEATH	CCILI	ISE 2. Pulmonay &		
(T	his does not mean the made of	dving e g. (A) IMMEDIATE CAL	SE C. Tollandy	mous	
	earl failure, asthenia, etc. Il means	the disease,	A CONSEQUENCE OF:		
in	jury ar complication which caused	death.)			
	ANTECEDENT CAUSES		ASEVD.		
-	ISEASES OR COMPITIONS IT	(B)	A CONSEQUENCE OF:		
	ISEASES OR CONDITIONS, if se to the obove cause (A)	1. 0	A CONSEQUENCE OF		
	NDERLYING CONDITION lost.	(C)			
-		()			
7					
	THER SIGNIFICANT CONDITIONS CO THE DEATH BUT NOT RELATED TO TI				
	SEASE OR CONDITION GIVEN IN PAR				
	A. DATE OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20	CERTIFYING CAUSES C	GS CONSIDERED
ERTIFIC 13	WAS PER	FORMED	YES.	CERTIFIING CAUSES C	T DEATH?
B 21	A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n ar about 21 C. WHERE DID	(If In Baltimare City,	give exact location)
_ 0	R CONTRIBUTING CAUSE OF	home, form, foctory, street, o	fice bldg., INJURY OCCUR?	miles o ony,	with which recently
CAL	EATH (notify medical examiner)	etc.)			
0 21	D. TIME (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY	OCCUR?	
30	FINJURY	While At Not Whil			
(A	PPROX.)	Work At Wark			
20	Landido Abad (IV (Abia Bassian)) attended the description	5/// 105	0 to 5/2	19.70
	2. I certify that (1) (this hospital		1 /	10	
th	ot (I) (we) lost sow the decease	d alive on 5/2	19 70 ond that in	(my) (our) opinion d	eoth occurred on the dot
G.	d hour and from the causes state	red obave. (1) (We) (did) (did not)			
	A. SIGNATURE	(1) (11d) (did) (did 1101) (Town the body dilet decinis	loop F	DATE SIGNED
23	N. SIGNATURE DE		which are the same	230. 1	PETER STOTEM
	Leven	Phy	nding Med. Staff s. Director Phys.		
23	C.PHYSICIAN'S	DEGREE	23D. ADDRESS	2 - 1	
	NAME (Type)	v lilin	1.1/200	Hospital	•
-	1/2 - K-Y]	K. LWIN	Lyneran	10000	
	URIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCA	TION (City, tow	n, or county) (State)
	REMOVAL (Specify)				
	Burial 5-6-1970	Lorraine Park	Cemetery Balt	imore, Md.	
25A. [DATE REC'D BY HEALTH, DEPT.		25C. FUNERAL DIRECTOR		ADDRESS
	VC 1070 7268	258 NAME OF REGISTRAR	H.Hubbard Funera	1 Home Too /	107 Williams A
M	AT D 12/U SSOUR	17/10	4 6 7	- Home Inc. 4	TO, MITKEUS AAG
10 3 50	1. PEV 1/1/6P				



FUNERAL DIRECTOR: IMPORTANT

1-100 70 468 BIRTH NO.	36	TE OF DEATH REG. NO	70 4686
1. NAME OF DECEASED (Type or Print)	TEAVEY	2. DATE AND HOUR OF DEAT	H D D D D D D D D D D D D D D D D D D D
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE Where deceased lived, 11	institution: residence belove admission)
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARY LAND Balfo. C. CITY OR TOWN D. IN.	ISIDE CITY LIMITS?
monte bello state	Hespital	BALTIMORE	YES NO
9/220 Cagorine	21210	E. STREET AND NUMBER 7132 BEXHILL ROAD	
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths: Days Hours: Min.
	OWED DIVORCED	3-28-2-1 ast birthdoyl 49	Manths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, K) dane during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY
HOUSEWIFE	AT HOME	BALTIMORE, MARYLAND	U.S.A.
		14. MOTHER'S MAIDEN NAME	
MORRIS GUSS	1 6 SOCIAL	BESSIE ?	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates of se			ADDRESS
NO	220-03-0955 CAUSE OF DEAT	MR. ARNOLD LEAVEY, 7132 BE	EXHILL RD. #21207
IThis does not meon the mode of dying, heart loiture, asthenio, etc. It means the dinjury or complication which caused deoth. ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, itse to the obove cause (A) stating UNDERLYING CONDITION (ast.) OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION WAS PERFORMED	giving (B) DUE TO, OR AS (B) D	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21 & PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	n or obout 21 C. WHERE DID (If In Baltimo	are City, give exoci locotion)
210-TIME (Month) (Doy) (Year) (Hourt OF INJURY (APPROX.)	While At Not While At Wark	215. HOW DID INJURY OCCUR?	/
22. I certify that (I) (this hospital) atten	pour _ El	3 - 2 6 19 / O to	5-1-19-70
that (i) (we) last saw the deceased allve			inion deoth occurred on the dote
and haur and fram the causes stated aba	ive. (i) (We) (did) (did nat) v	lew the body ofter death.	23B-DATE SIGNED
Kiastiono lan	Contract of Contra	Med. Staff. Phys.	Mon 4 70
23C. PHYSICIANS NAME (Type)	Met	MONTEBELLO STATE HOSPITA	1
REMOVAL (Specify)	ALC. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (C	ity, town, or county) (State)
MAY 6 1970 Page 258. N	AMO OF REGISTRAR	SOL LEVINSON & BROS., 601	O REISTERSTOWN ROAD

24.1 - Maria de 11.1

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

DUTTE LEATING BARTIMORE 2516 VIRGINIA AVE 23 ma PARLTIPHORE CARDIAC ARREST ANEMIA & DIABETES E POST OPERATIVE CARLINGUA OF THYRUID URINARY TRACT INFECTION 44.0 NEELAM ROBOR SINA! HOSPITALOF BALLIE

VS 150-REV. 1/1/6B

BIRTH NO.	0 70	4000			REG. NO.	70	ACXX
1 NAME OF DEC		4688	CERTIFICA	ATE OF DEATH			4000
(Type or Print)	JOSEPH D.	RALACHOU			A 1070	Н	2:50 1
3. PLACE IN BAL	TIMORE MARYLAND, W			4. USUAL RESIDENCE (WI		institution: residen	ice before admis
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA			MARY LAND		SIDE CITY LIMITS?	41
	LLSDALE ROAD			BALTIMORE E. STREET AND NUMBER		YES 🗌	NO 🗌
00				3705 HILLS	DALE ROAD		
5. SEX MALE	6. RACE WHITE	7. MARRIED X	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months Doys	
	warking life, even if retired)	BROK		RUSSIA	reign country)	12. CITIZEN C	A.
13. FATHER'S NA				14. MOTHER'S MAIDEN N	AME		
DAVID B	ALACHOW			THELMA MIR	: AM ?		
15. Was Deceased (Yes, no ar unknown	Ever in U. S. Armed For	rces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADD	PRESS
NO			213-20-0047	MRS. MARCIA SA	IYDER. 6 BAE	BETTE CT.	#21208
	nplication which coused ANTECEDENT CAUSES		(0)	-44			
DISEASES (rise to the UNDERLYING	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last.	any, giving slating the	(8)	S A CONSEQUENCE OF:			
DISEASES (iise to this UN DERLYING OTHER SIGNIF TO THE DEAT OTHER DEAT	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR M OPERATION 198. CON WAS PER	any, giving slating the INTRIBUTING HE TERMINAL IT 1 (A).	(c)	20A. AUTOPSY? (Yes or	No) 208, IF YES, WER IN CERTIFYING C	E FINDINGS CON	ISIDERED H?
DISEASES (rise to the UN DERLYIN OF THE DEAT DISEASE OR COTTON OR CONTRIBUTION OF CONTRIBUTION	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR M OPERATION 198. CON WAS PER	any, giving stating the STRIBUTING HE TERMINAL RI 1 (A). IDITION FOR WE FORMED	HICH OPERATION			E FINDINGS CON CAUSES OF DEATI	
DISEASES (IT IS OF IT	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last. II FICANT CONDITIONS CO III BUT NOT RELATED TO TO CONDITION GIVEN IN PAR M OPERATION 198. CON WAS PER NT WAS UNDERLYING JTING CAUSE OF	any, giving stating the STATING HE TERMINAL TO I (A). STATION FOR WE FORMED 21B. Phome, etc.)	HICH OPERATION PLACE OF INJURY (4), of form, foctory, street, of the street of the st	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Soltin		ct location)
DISEASES (rise to the UN DERLYING) OTHER SIGNIF TO THE DEAT DISEASE OR CONTRIBUTION OF CONTRIBUTION (APPROX.) 21. I certify that (1) (Max)	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last. FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR FOREATION 198. CON ONLY TWOS UNDERLYING THAT (1) (Abis hospite) That (1) (this hospite)	any, giving slating the STRIBUTING HE TERMINAL IT 1 (A). ADDITION FOR WE FORMED LIBERT LIBER	HICH OPERATION LACE OF INJURY (st., of form, foctory, street, of the work of	in or about 21 C. WHERE DID office bldg, INJURY OCCUR?	(If in Boltin	May 4,	ct location)
DISEASES OF TISE OF THE PROPERTY OF THE PROPER	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last. FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 198. CON MASS PER OT WAS UNDERLYING UTING CAUSE OF medical examiner) (Manth) (Day) (Year) that (1) (shis hospital last saw the decease d from the couses sto	any, giving slating the STRIBUTING HE TERMINAL IT 1 (A). ADDITION FOR WE FORMED LIBERT LIBER	HICH OPERATION PLACE OF INJURY (etc., of order), form, foctory, street, of the order of the ord	20A. AUTOPSY? (Yes or MO) in or about 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID II ile 7, 19 70 ond view the body ofter deothers.	(If in Boltin	May 4,	ct location) 19 /
DISEASES (rise to the UNDERLYING) OTHER SIGNIF TO THE DEAT DISEASE OR CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (1) (was) ond haur one	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last. FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 198. CON MASS PER MIT WAS UNDERLYING UTING CAUSE OF medical examiner) (Manth) (Day) (Year) that (1) (this hospital last saw the decease d from the couses sto JRE	any, giving stating the STATE	HICH OPERATION PLACE OF INJURY (etc., of order), form, foctory, street, of the order of the ord	in or about 21 C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID II ile 7, 19 70 ond view the body ofter death	(If in Boltin	May 4, pinian beoth ac	ct location) 19 /
DISEASES (rise to the UNDERLYING) OTHER SIGNIF TO THE DEAT DISEASE OR CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (1) (aug) ond haur one 23A. SIGNATURE 23C. PHYSICIA	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TONDITION GIVEN IN PAR F OPERATION 178. CON OFFICE CAUSE OF medical examiner) (Month) (Day) (Year) That (1) (this hospite last saw the deceose d from the couses sto JRE WARVIN G MARVIN G MATION, 1248. DATE	any, giving slating the STATE	HICH OPERATION PLACE OF INJURY (etc., of order), form, foctory, street, of the order of the ord	in or about 21 C. WHERE DID office bldg,, INJURY OCCUR? 21F. HOW DID II ile 7, 19 70 ond view the body ofter death view the body ofter death and Director 23D. ADDRESS 6001 PARK HEI	(If in Boltin NJURY OCCUR? 19 10 to	May 4, pinian beoth ac	19 /

Spen . S adder

IMPORTAN

DIRECTOR:

FUNERAL

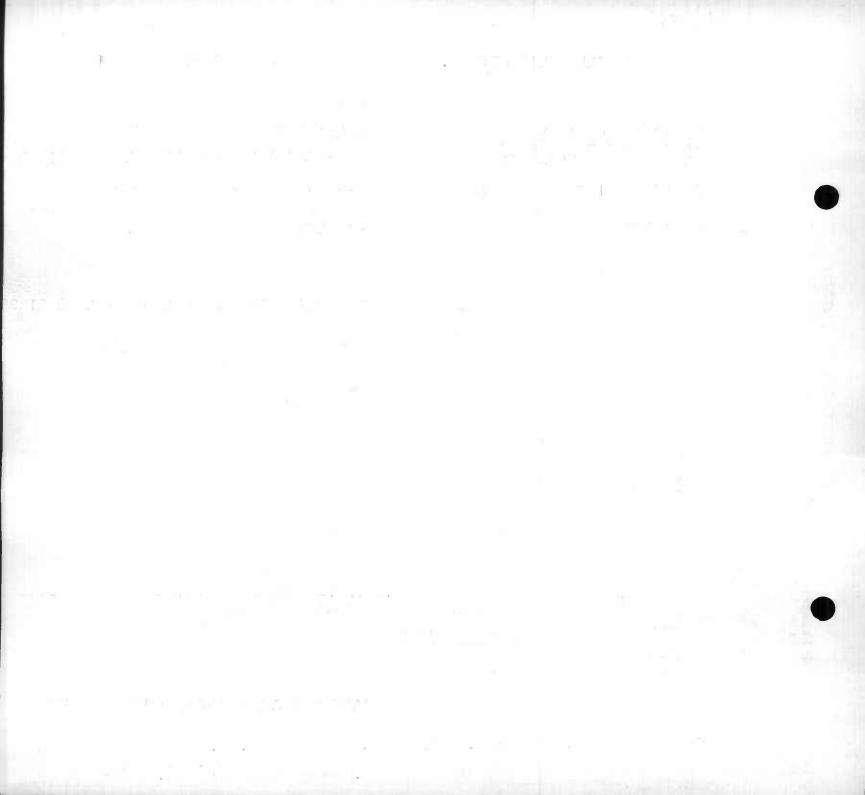
VS 150-REV. 1/1/68



111-450	TY HEALTH DEPARTMENT 70 4690
BIRTH NO.	ATE OF DEATH REG. NO. 4000
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
MARY NOLAN	5 11 20 10 45
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission. A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. C. CITY OR TOWN D. INSIDE CITY LIMITS?
MONTEBELLO STATE HOSP.	Baltimore YES X NO
2201 ARGONNE DR. BALTY, Mg 2121	8 STREET AND NUMBER 3140 Remington Ave.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hi Months: Doys Haus Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	
done during most of working life, even if retired(RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTI
Housewife	/ RELAND USA
HOUSEWIFE 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
11 1 1 1 1	
MICHAEL Hughes	MARY LIONS
15. Was Deceosed Ever in U. S. Armed Farces? (Yes,no of unknown) [Ilf yes, give wor or dotes of service] 16. SOCIAL SECURITY NO.	17. INFORMANY ADDRESS AVE
No SECURITY NO.	97D. Miss Marie E. Nolan-3140 Remington
18. 2 5 0 , 9 1 CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEA
LEADING TO DEATH	AUSE MYOCARDIAL INFARET 24 hBS
I LIBIS GOES AGE MEON THE MODE OF GVING OR	S A CONSEQUENCE OF:
heart laiture, asthenia, etc. It means the disease, injury ar camplication which caused death.)	a n consequence of
ANTECEDENT CAUSES	PIOSCIERATIC CARDIOURS
DISEASES OR CONDITIONS, il any, giving DUE TO, OR	RIOS CLEROTIC CARDIOVAS AS A CONSEQUENCE OFICE LAR DISEASE
rise to the above cause (A) stating the	
UNDERLYING CONDITION last. (C) PIAB	ETGS MEUITUS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
E ITO THE DEATH BUT NOT RELATED TO THE TERMINAL	
ODISEASE OR CONDITION GIVEN IN PART 1 (A).	20A AUTORSY2 (Vac. of No.) 20B IB Vac. Wars sharp of Constitution
WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
On contratation of contrata	in or about 21 C. WHERE DID (If In Baltimare City, give exact location)
DEATH inotify medical examiner etc.)	office bldg., INJURY OCCUR?
0	
21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
I [Approx.]	
22. I certify that (1) (this hospital) attended the deceased fram	8-27 1964 to 5-4 1920
that (1) (we) last saw the deceased alive an 5-4	19and that (n(my) (aur) apinian death accurred an the da
	, , , , , , , , , , , , , , , , , , , ,
and hour and from the causes stated above. (1) (We) (did) (did nat)	view the bady after death.
23A. SIGNATURE	23 B. DATE SIGNED
Spring Patient UN A	Hending Med. Staff Director Phys. 5-4-70
23C. PHYSICIAN'S	
NAME (Type)	23D. ADDRESS
	111. to 1-11 54 - 1/20 A
DEORE	Hontebello State Hosp.
REMOVAL (Specify)	
Burial 5/8/70 New Cathedra	l Cemetery Baltimore, Md.
MAY 6 1970 Color & Valley MAY	2SC. FUNERAL DIRECTOR Ann Donoven - 3818 Roland Ave.
MINI D PAR GOODS of AMERICA . WAS S.	IN WHITE COOK A SET - DOTO HOTSING WAS .



	-0/0		TE OF DEATH	REG. NO.	70 4691
1,	IRTH NO. NAME OF DECEASED 'ype or Prini) PENNELL, ELIZ		2. DATE AN	D HOUR OF DEATH	L:40P
3,	PLACE IN BALTIMORE MARYLAND, WHERE P		4. USUAL RESIDENCE (Where	deceased lived. It instit	tution; residence before admission)
H	ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MD. C. CITY OR TOWN		CITY LIMITS?
1	ST. AGNES HOSPITAL		BALTIMORE		ES XX NO
		UES 21229	3604 FREDER	ICK AVENUE	BALTO MD 21229
	FEMALE WHITE WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	0//05/05	64	II Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.
do	A USUAL OCCUPATION (Give kind of work 10 B, Killing during most of working life, even if refired) HOUSEWIFE	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	in country)	U.S.A.
13,	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .	
	John Hyland		Elise Canr	ion	
15. (Ye	. Wos Deceosed Ever in U. S. Armed Forces? es,no or unknown) (If yes, give war ar dotes af ser	vice) 1 6- SOCIAL SECURITY NO.	17. INFORMANT	1011	ADDRESS
	NO	216-16-2463	ST. AGNES RE	CORDS BALT	TO MARYLAND 2122
CERTIFICATION	rise to the above cause (A) stating UNDERLYING CONDITION last.	iving the (B) Hare, OFERATION	CONSEQUENCE OF: A CONSEQUENCE OF: [20.A. AUTOPSY? (Yes or No)]	Typotensis tymour tymour 208. If YES, WERE FINI IN CERTIFING CAUSE	
CERT	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	YES		
CAL	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inglify medical exomined	hame, farm, foctory, street, offi etc.)	ce bldg., INJURY OCCUR?	ut in bottimore C	ity, give exect location)
MEDI	21 D. TIME (Manth) (Day) (Year) (Haur) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Wark At Wark	21F. HOW DID INJU	RY OCCUR?	
	22. 1 certify that () (this hospital) attend			VO to MAY 2	19_70
	that (K(we) last sow the deceased alive			t in (mỷ) (our) opinia	n death occurred an the date
	and hour and from the causes stated abo	As (f) (Me) (qiq) (qiqy wol) Ai	ew the body after death.	loo	D. D. A. E. M. C.
	Bizhan - Ebrahn	Bhin	ding Med. S	half 23	B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	DUGREE	D. ADDRESS		
24/	A. BURIAL CREMATION, 24B. DATE 2	DEGREE			ALTO MD 21229 lown, or county) (Stote)
Bu	KEMOVAL (Specily)				toloid,
-	A. DATE REC'D BY HEALTH DEPT. 258, NA	Balto. National Co	em. Balt 25C. FUNERAL DIRECTOR		ADDRESS
1/2		Bar ACA O O O	G. Tryman Schwa	Balto. Md, ab 5151 Balto.	21 220
VS	150-REV. 1/1/68				





IMPORTANT

FUNERAL DIRECTOR:

1	1/52	,	70	4002	BALTIMORE	TITY HEAL	TH DEPARTMENT	T		70	16	93
	TH No.		10	4693	CERTIFIC	CATE	OF DEATH	4 X	REG. NO		4.0	,,,,
	AME OF DECE			_111.	***		2. DATI	AND HOL	IR OF DEAT	н		
3, 1	PLACE IN BALT	COLE	GRAC	E M.	CID DIAD	114 115	MA	Y 4.	1970			3:30P
FUI	LL NAME OF		HOSPITAL	L OR INSTITUTIO	ON, GIVE STREET	M/	JAL RESIDENCE (TE B. CO RYLAND ORTOWN	DUNIT 1	OWARD		53	300
C)	ST. AG	NES	HOSPITA	\L	BA E. STR	LT I MORE			YES _		ио 💢
_							003 LOUD	ON AV	E 2	1227		
	EMALE	WHITE		WIDOWED	DIVORCED SINESS OR INDUS	11/0	3/10	last bir	9	Months	·	II Under 24 H Hours Min.
OF	FICE W	ORKER	refired)		E AGENC	MAF	RYLAND		ntry)	- 1	U.S.	A.
SA	AMUEL S	WOPE				1	TIE (NEE		L) SWO	PE		
IS. V (Tes,	Nas Deceased no or unknown) NO	Ever in U. S. An (If yes, give wor	med Farce or dates	ol service)	SECURITY NO. 9-40-9735		AGNES I	HOSPI	TAL RE	CORD	ADDRI	ESS
	18. /00	()			CAUSE OF DE							OXIMATE INTERVAL
	(This does no heart failure, a injury or camp A DISEASES OF rise to the	OR CONDITI- EADING TO E I meen the m sthenia, etc, il fication which NTECEDENT C CONDITION above caus. CONDITION I	DEATH ade ai d means th caused d AUSES S, ii an	ying, e.g., ne disease, eath.)			denoca QUENCE OF: Lasis SEQUENCE OF:	rci.	leiny	, wa , Pe	The Lica	zdien
ATI	TO THE DEATH DISEASE OR CO	BUT NOT RELATE NOTION GIVEN OPERATION 19	IN PART 1	TERMINAL (A).	CH OPERATION	20A	AUTOPSY? (Yes at	Na) 20B, I	F YES, WERI	FINDINGS	CONSI	DERED
	0		AS PERFO	RMED			NO	IN C	ERTIFYING C	AUSES OF	DEATH?	
CAL	OR CONTRIBUT	WAS UNDERLING CAUSE () F	2) B. PLA hame, le etc.)	CE OF INJURY (e. orm, foctory, street	g, in ar abou	121C. WHERE DIE	?	(II In Baltim	are City, giv	e exoct le	acotian)
3 1	21D. TIME (OF INJURY (APPROX)	Month) (Doy)	(Yearl (Hour 21E INJ While A Work	Not V	/hile	21F. HOW DID	INJURY OC	CUR?			
- 1		hat (1) (this ha			leceased fram	APRIL	70		_ta_MA	1-1 1	d.	19_70
					e) (did) (did nat				y, (our) of	inion dea	in accu	rred on the do
2	ZZA. SIGNATUR	Sha	ms	L, 11.	0	Attending .	Med.	Staff Phys.	V	23B, DAT	E SIGNE	0
2	PHYSICIAN NAME (Typ	SHAMS . N	4. D			23 D. ADI	AGNES HO		ALTO.N	1D 21:	229	
	BURIAL CREM BUTIAL (Sp	ATION, 248, D. 5-8-	1970		of CEMETERT of	CREMATOR	24D	LOCATIO		City, town, c	r county)	(Stote) ryland
25A.	DATE REC'D B	T HEALTH DEP	20 25	B-NAME OF R	EGISTS 48	25C	FUNERAL DIRECT	OR 1	II	v / 1	- ARR	RESS

The first state of the state of the second sta

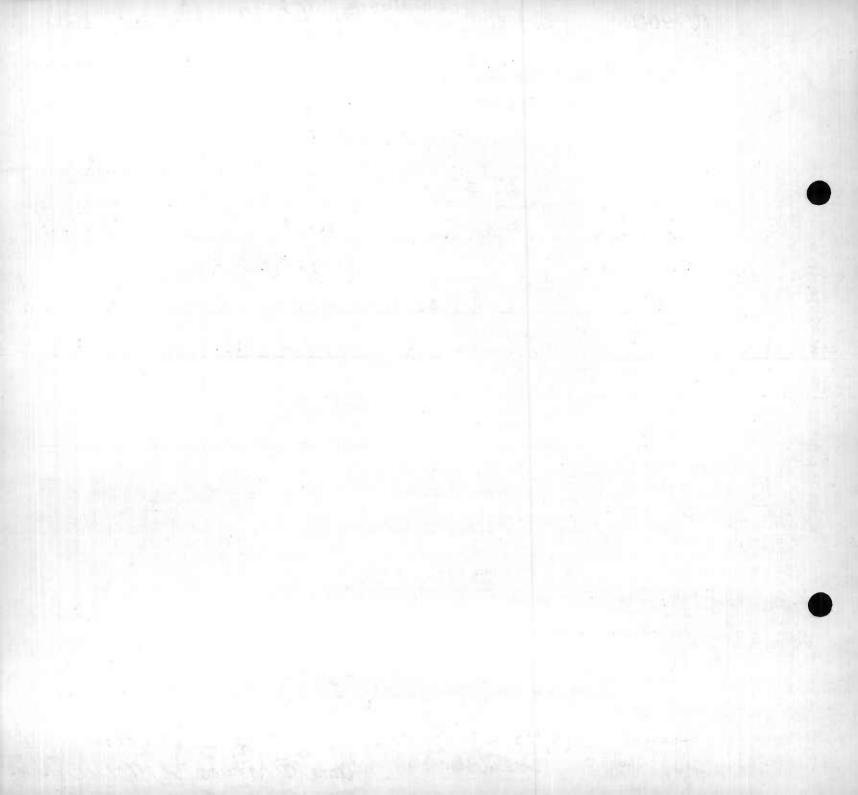
0-500 70 4094 CEPTI	FICATE OF DEATH REG. NO. 70 4694
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
SWEENEY, Carroll Alex	May 4, 1970 6:15 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II Institution: residence before admission) A, STATE B, COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STR.	Naryland 1401
Veterans Administration Hospi	
2 3 3900 Loch Raven Blvd	DELTIMOTE YES X NO
Balto., Maryland 21218	e. STREET AND NUMBER 1426 Jackson Street
5. SEX Male Mhite Modern Married Never Marr Widowed Divorce	ILED Jans-1601925 lost birthday 45 Months Doys Hours Min.
10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IN done during most of working life, even if retired) Tractor Trailer Dr.	Louisiana 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Willie Sweeney	Betty Book
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (II yes, give war or doles of service) SECURITY NO.	o. 17. INFORMANT Records ADDRESS
Yes 1943 To 12-21-45 437-18-7	
18.5 7 3 . 9 1 CAUSE OF	F DEATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Hepatimo renal
LEADING TO DEATH (This does not meen the mode of dying, e.g., A)IMMEDIATION OF TO DIFTO	IATE CAUSE SYNDROME
heart tarlure, aslhenio, etc. Il means the disease,), OR AS A CONSEQUENCE OF:
injury or complication which caused death.) ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving (8) DUE TO	O, OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	, OK AS A CONSEQUENCE OF:
_ 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 197A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO THE PLACE OF INVITE	
DISEASE OF CONDITION GIVEN IN PART 1 [A].	N 20A-AUTOPSY? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Yes 20A AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
THE PARTY OF A PROPERTY OF A PARTY OF A PART	RY (e.g., in or obout 21 C, WHERE DID (II in Rollimore City, give every location)
< IDEATH (notify medical examine) [etc.)	sneet, once blogs, INJURY OCCUR!
O 21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURR OF INJURY (APPROX)	
(APPROX)	Not While
22. I certify that (IX(this hospital) attended the deceased fra	m April 15 19 70 to May 4 19 70
that (A) (we) last saw the deceased alive an Nay 4,	19 70 and that In (m) (aur) apinian death accurred an the date
and have and from the causes stated above. \$() (We) (did) (did)	
23A. SIGNATURE	23B, DATE SIGNED
Raymond El Markoh DEGR	Attending Med. Stoff Sto
23C. PHYSICIAITS NAME (Type)	23D. ADDRESS
RAYMOND E. KNOWLES MD	3900 Loch Raven Blvd., Balto., Md. 21218
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY Burial 5/6/70 Baltimore	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF BEGISTRAR MAY 6 1970 Oches E. Jalin K.D.	National Fred. Rd. Balto. Nd. Ind. 25C. FUNERAL DIRECTOR O REAL DIRECTOR
VS 150-REV. 1/1/68	

Ray wood El mentish.

IMPORTANI

DIRECTOR:

FUNERAL



I call	BALTIMORE CIT	Y HEALTH DEPARTMENT		70 4000
BIRTH NO. 70 46	596 CERTIFICA	ATE OF DEATH	REG. NO	70 4696
1. NAME OF DECEASED (Type or Print) TILLIE TA	IGELS E	NGLER MAY	1 197	016A. A.
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	MENDED STREET	MARYLAND C. CITY OR TOWN	D. INSIDE	ution: residence before odmission) CITY LIMITS?
00 2527 Fosi	TER AVE	E. STREET AND NUMBER 2527 FOS	TER H	TES IN NO
5. SEX 6. RACE 7. MARR WIDOW	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 9. AC		If Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KINE done during mast of working life, even if retired)	O OF BUSINESS OR INDUSTR	MARYLAND	ountry)	12. CITIZEN OF WHAT COUNTRY?
CLNKNOWN		14. MOTHER'S MAIDEN NAME		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	MR. WM. A. GRU	pp 25.	27 FOSTER AVE
"DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes nat mean the made of dying, heart failure, asthenia, etc., It means the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives the above cause (A) stating UNDERLYING CONDITION tast.	(B)	S A CONSEQUENCE OF:	11 (Luli 1/1)	IS 10VB
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED		20 A. AUTOPSY? (Yes or No) 201	B. IF YES, WERE FIN	IDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?		City, give exact location)
21 D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not Wh Work At Work	21F. HOW DID INJURY	OCCUR?	
22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive	an 9/1/		(my) (aur) apinio	an death accurred an the date
and haur and fram the causes stated abav 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) PENJAMIN 24A. BURIAL CREMATION. [24B. DATE 24A.	ten ML APPH AD DEGREE	Med. Staff Phys. 23D. ADDRESS IN I HILL HUMAN	D FRE M	38. DATY SIGNED 5 /1/7 00 BAKZO. MILA 2122 4
24A. BURIAL CREMATION, 24B. DATE 24A. BURIAL (Specify) 500 25A. DATE REC'D BY HEALTH DEPT. 25B. NAT	C. NAME OF CEMETERY OF C MORE LAND ME VAN OF REGISTRAR	1	TIMORE	MARYLAND ADDRESS
MAY 6 1970 Colous E. 19	Box Mile O		KACZORO	owski 2525 REE

VS 153 5-11-70 M.H.

50

IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

THE REPORT OF THE PARTY OF THE

jan y-a

TO A STATE OF THE STATE OF THE

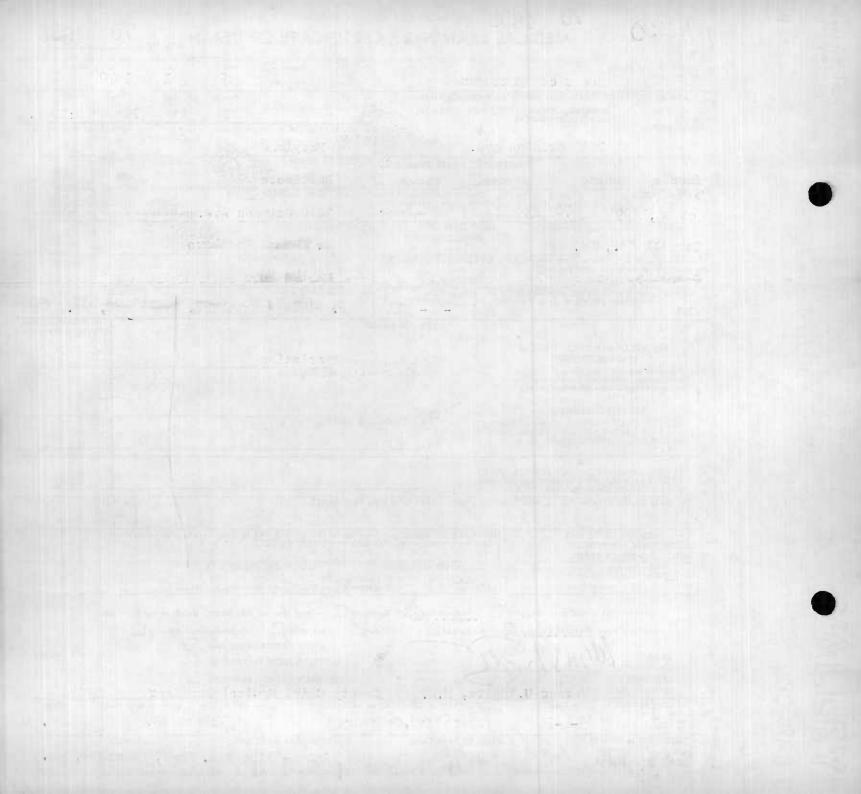
DATE: THE COLUMN THE PARTY OF T

ACCUME, NO PLEOS - IF

MINE C. STATE

XX

VS 151-REV. 1/1/68



1	1. (16.)	SEALTH DEPARTMENT	
	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70	200
	BIRTH NO. NAME OF DECEASED	10.110.	100
	(ype or Print)	2. DATE Known Manth Day Year Hour	
-	GEORGE COLLINS PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted 5 4 70 6:3	0 а м
1 5	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD May 4. 1970 6:	30 ам
-	RINSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before odn	ission)
9	City Hospital D.O.A.	A. STATE B. COUNTY Maryland	13 12
6	SEX 7. RACE 8. MARRIED NEVER MARRIED		1
	Male White WIDOWED DIVORCED	Baltimore YES NO NO	
	January 9, 1924 IO. AGE (In yeors of Under 1 Yr. If Under 24 Hrs. Months, Doys, Haurs Min.	S. E. STREET AND NUMBER	
	I. BIRTHPLACE(State or foreign country) 12, CITIZEN OF	605 Lehigh St.	
1	West Virginia Whatcountry?	Jefferson Collins	
00	A.USUAL OCCUPATION (Give kind of wark) 148. KIND OF BUSINESS OR INDUSTRY one during most of working life, even if relired) Production Crown Cork & Seal	RY 15. MOTHER'S MAIDEN NAME Maude Holms	
(4	es, no or unknown) (If yes, give wor or dotes of service) YES 17. SOCIAL SECURITY NO 234-30-0022	Mr. Waitman L Collins Dundalk, Md. 212	
	19. 4 CAUSE OF DEAT	ATH OSCIETOTIC cardiovascular disease SETWEEN ONSET	
MOITACISTAG	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:	
DTICK	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	U.C. Deposition	
10		VAS PERFORMED 21. AUTOPSY2 (Yes	or No)
EDICAL	UTING CAUSE OF DEATH.	, in or obout 22C. WHERE DID (if In Boltimore City, give exoct location) ice bldg., eic.) INJURY OCCUR?	
3	OF INJURY (APPROX.) WHILE AT NOT WORK AT WO	T WHILE WORK	
	I certify that I held an Inquiry Inspection Autorities Accident Suicide ACTUAL SIGNATURE M.D. EXAMINER'S NAME (Type) Russell S. Fisher, M.D.	CHIEF MEDICAL EXAMINER XX D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	NED
R	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CEMOVAL (Specify) 24C. NAME of CEMETERY of CEMOVAL Burial 5/7/70 Odd Fellows C	(city) town, or county) (sie	Va.
	MAY 6 SID Publis E James OF REGISTRAR	John J. Duda 7922 Wise Ave. Dundalk,	Md.
VS	151-REV. 1/1/68		

which is the state of the state - Del Statuto and sand 2207 Shell I colemn a locate and

IMPORTANT

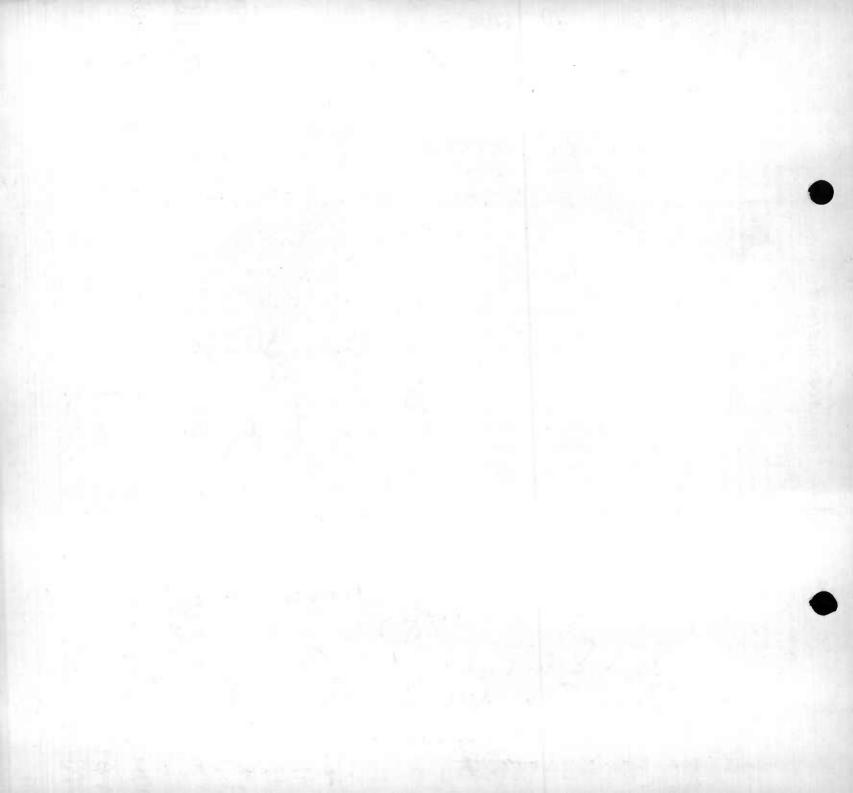
DIRECTOR:

FUNERAL



PERCHASTERS ADDES - 6 MARSH DIVID I. NOTHERN M.D. TOWNS THOSE HOSPITAL IN

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES 📈 NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12, CITIZEN OF WHAT COUNTRY? naphedale Chen Burne APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) and that in (my) (our) apinion peath occurred on the date 23B, DATE SIGNED (City, town, or county) deceased NOS VS 150-REV. 1/1/6B



IMPORTAN

DIRECTOR:

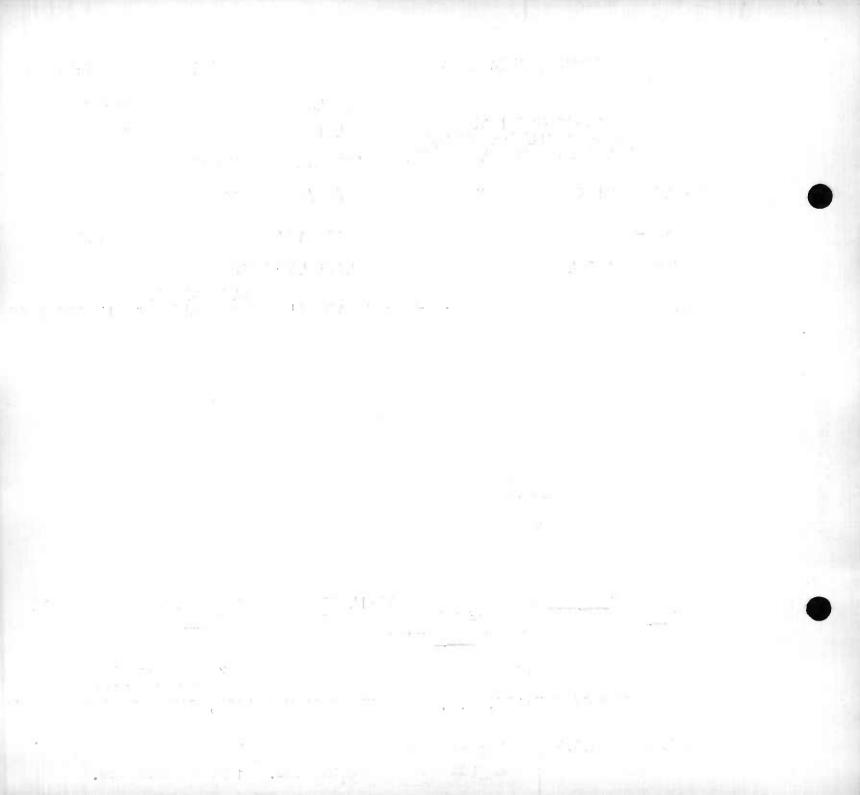
FUNERAL

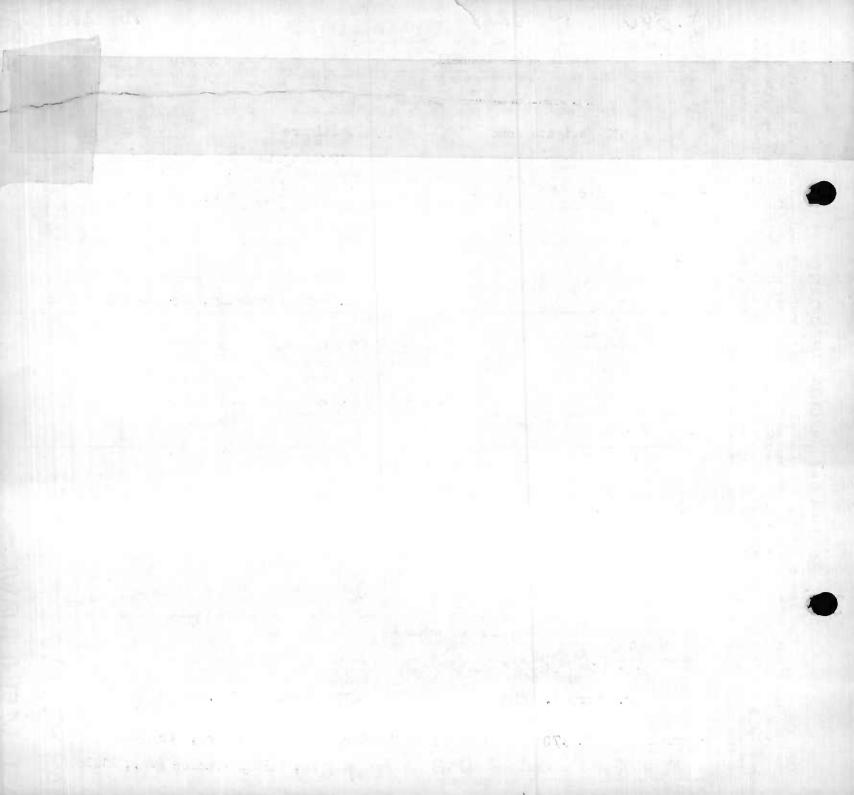
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

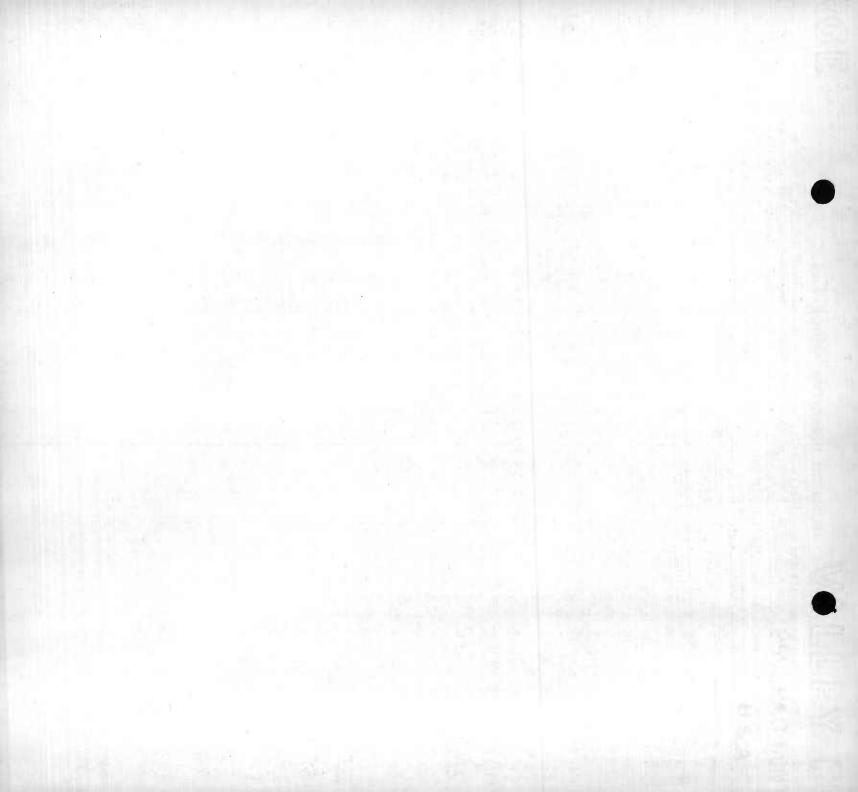


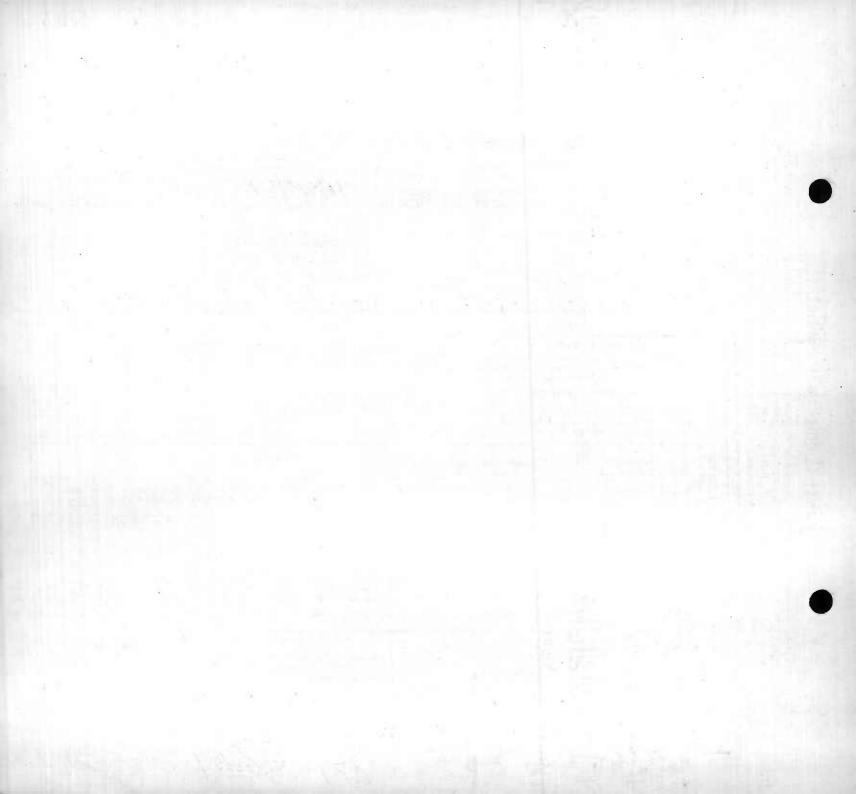
0 -		APNOA	BALTIMORE CITY	HEALTH DEPARTMEN	T	1946		
BIRTH NO.	13 10	4704	CERTIFICA	TE OF DEATH	H REG. NO	70 4	4704	
1. NAME OF DEC	STE PHAN	. ANNA	LENA		AY 4. 1970	Н	2 0 0 B	
3. PLACE IN BAL	TIMORE, MARYLAND, W				AY 4, 1970 Where deceased lived, if	in atitudia at anaidana	1:20 P.M.	
		THERE PROMO	ONGED DEAD	A. STATE B. C	OUNTY	institution; residence	before damission)	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MARYLAND		21229	2049	
INSTITUTION	ST AGNES	HOSPITA	1/	C. CITY OR TOWN	D. 1N	ISIDE CITY LIMITS?		
41)	·		AVENUES	BALTIMORE		YES X	NO 🗌	
10	BALTIMORE	MARY		E. STREET AND NUMBI	MO AVENUE			
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Ys. Months Doys	If Under 24 Hrs.	
FEMALE	WHITE	WIDOWED	X DIVORCED	12/04/92	last bithdoyl	Months Doys	Hours Min.	
10A, USUAL OCC	UPATION (Give kind of work working life, even if refired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF	WHAT COUNTRY?	
	-WIFE			CEDMANN			IV.	
3. FATHER'S NA		<u> </u>		GERMANY 14. MOTHER'S MAIDEN	NAME	U.S.	Α.	
	V KITTEL			LENA LAND	DROCK			
Yos, no or unknown	Ever in U. S. Armed For	ces? s ol service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	BALTO MD	21220 ADDRES	ss	
NO			216-07-8199	ST AGNES! F		ON & WILK	ENC AVE	
18. 1 10	0 1		CAUSE OF DEATI		TE CONDS CAT		XIMATE INTERVAL	
	SE OR CONDITION DI	RECTLY		A -	-1	BETWEEN	ONSET AND DEATH	
	LEADING TO DEATH		ALABANEDIATE CAN	asyst	ole			
(This does n	(This does not mean the mode of dying e.g.,							
injury or com	nearl failure, asthenia, etc. Il meons the disease, niury ar complication which caused death.)							
	ANTECEDENT CAUSES			Mesocudia	Mylastie	22.		
1			(B)	CONSEQUENCE OF:_	y and the	~~		
rise to the	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last, (C) CONSEQUENCE OF:							
	11							
OTHER SIGNIE	CANT CONDITIONS CO	NTRIBUTING						
DISEASE OR C	H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	HE TERMINAL	-					
OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OP 21A. ACCIDE	OPERATION 198. CON WAS PERI	DITION FOR Y	VHICH OPERATION	20A. AUTOPSY? (Yes o	IN CERTIFYING	E FINDINGS CONSIDERALS OF DEATH?	PERED	
OR CONTRIBU	NT WAS UNDERLYING	hom	PLACE OF INJURY le.g., ir	or obout 21 C. WHERE DI	D (II in Boltim	ore City, give exect lo	cotion)	
DEATH Inotily	medical examined	etc.l						
21D. TIME OF INJURY	(Your IDoy)	(Houd) 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?			
(APPROX.)		Whi	le Al Work	· 🗆				
22. I carelfu	that (IX (this basales)		e deceased from AF	DII 27	10 70 · MA	V 1.	70	
	last saw the decease			19 70 and	197.0_taMA_d that In (%) (aur) a		197.0_	
and haur and	from the causes stat	ed above. O	(We) (did) (d(d\n\e) v	lew the bady after dea	the			
23A. SIGNATU	RE //	1		, , , , , , , , , , , , , , , , , , , ,		23B, DATE SIGNE	D	
(munlity	Till	M/ Atte	Med.	Staff Phys.			
23C. PHYSICIA	SIMONI ON	nan	DEGREE Phys			05/04/7	U	
23C. PHYSICIA NAME (T	ypel CEODCE DA	TDICK		3D. ADDRESS	BALT		9	
	GEORGE PA		GEGREEI		SPITAL, CA	TON & WILI	KENS AVE	
AA. BURIAL CREE	MATION, 248, DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 240	LOCATION I	City, lown, or county)	(Stote)	
BURIA	1. 1.	TO	RRAINE PARK	The state of the s	IOODLAWN		MD.	
	BY HEALTH DEPT.	258 NAME O		25C. FUNERAL DIREC		ADD	RESS	
MAYR	1971 Robert E			Witzke Inc		ondson Ave.		
S 150-REV. 1/1//	R	1		11-13-137 170	TO TOO LOUIN			





		HEALTH DEPARTMENT	1	70 4300			
D-5637 270 4708	CERTIFICA	TE OF DEATH	REG. NO	4706			
I, NAME OF DECEASED			HOUR OF DEATH				
(Type or Print) KATHERYNE DU.	NINDETH	HAV	3, 1970	1 1 1 1			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO		4. USUAL RESIDENCE (Where	deceased lived. If in	stitution: residence before admission			
			loward	1 6200			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT ADDRESS OR LOCATION)	UTION, GIVE STREET	C. CITY OR TOWN		DE CITY LIMITS?			
INSTITUTION			0. 11431	YES NO			
27		E. STREET AND NUMBER		113			
BON SECOURS HOS	PITAL	3005 N. P.	OGERS	AVENUE			
SEX 6. RACE 7. MARRIED	NEVER MARRIED [X]	8. DATE OF BIRTH 9	. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.			
- / lui			ast birthday)				
10A USUAL OCCUPATION (Give kind of wark 10 B, KIND OF		APRIL 9, 1970	n country)	12, CITIZEN OF WHAT COUNTRY			
lone during most of warking life, even if retired)							
		MARYLAN.	W	U.S.A.			
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E				
ROBERT (IDHA) (DIIA	WORTH	HELEN	PFAFE				
ROBERT UOHN DUR 5, Was Deceased Ever in U. S. Armed Farces? Yes, na or unknown) (If yes, give war at dates of service)		17. INFORMANT	, , , , , ,	ADDRESS			
the year, give war at dates of services	SECURITY NO.	ReBIT I DUNG	NATH SON	N. ROGERS AUC			
11R	CAUSE OF DEATH	Kepi 1 Tologe	child socia	APPROXIMATE INTERVAL			
DISTANCE ON COMPLETE NAME OF THE PROPERTY OF	CAUSE OF BEAT			BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Answer of	1.0	93 days			
(This does not meen the made of dying, e.g.,	(A)IMMEDIATE CAUSE: A VIII II IN A UI						
hearl failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)	00110, 011 13 1	CONSEQUENCE OF S	0				
ANTECEDENT CAUSES	(B)						
DISEASES OR CONDITIONS, if ony, giving rise to the abave couse (A) stating the	DUE 10, OK AS	A CONSEQUENCE OF:					
UNDERLYING CONDITION Iosi,	(c)	***************************************					
II .							
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
19A. DATE OF OPERATION 198. CONDITION FOR							
WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes of No)	208. IF YES, WERE I	FINDINGS CONSIDERED			
WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes at Na)	208. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?			
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B	PLACE OF INJURY (e.g., in	ar about 21 C. WHERE DID		FINDINGS CONSIDERED USES OF DEATH? e City, give exact location)			
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B 10 m	PLACE OF INJURY (e.g., in	ar about 21 C. WHERE DID	(If In Baltimor				
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. Nor CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF	. PLACE OF INJURY (e.g., in the control of the cont	ar about 21C, WHERE DID INJURY OCCUR?	(If In Baltimor				
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. hom etc. OR CONTRIBUTING CAUSE OF Cause of etc. DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Haur) 21E.	. PLACE OF INJURY (e.g., in the control of the cont	ar about 21C, WHERE DID INJURY OCCUR?	(If In Baltimor	e City, give exact location)			
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. Nor CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF	. PLACE OF INJURY (e.g., in re, form, foctory, street, aff) INJURY OCCURRED ite At Wark he deceased fram	ar about 21C, WHERE DID INJURY OCCUR?	(If In Baltimor				
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Haur) 21E. OF INJURY (APPROX.)	PLACE OF INJURY (e.g., in the form, foctory, street, off) INJURY OCCURRED its At Wark	ar about 21C. WHERE DID ice bldg., INJURY OCCUR?	(If In Baltimor	e City, give exact location) My 3 19 70			
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B 21	PLACE OF INJURY (e.g., in the, form, foctory, street, off) INJURY OCCURRED ile At Not While At Wark he deceased fram	ar about 21C, WHERE DID in bidg., INJURY OCCUR? 21F. HOW DID INJU	(If In Baltimor	e City, give exact location) My 3 19 70			
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B 21	PLACE OF INJURY (e.g., in the, form, foctory, street, off) INJURY OCCURRED ile At Not While At Wark he deceased fram	ar about 21C, WHERE DID in bidg., INJURY OCCUR? 21F. HOW DID INJU	(If In Baltimor	e City, give exact location) My 3 19 70			
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B 21	PLACE OF INJURY (e.g., in the, form, foctory, street, off) INJURY OCCURRED ile At Not While At Wark the deceased fram	21F. HOW DID INJU	(If In Baltimor	e City, give exact location) My 3 19 70 Infon death accurred an the dat			
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B 21	PLACE OF INJURY (e.g., in the form, foctory, street, off) INJURY OCCURRED The At Work of While at Work of Wark The deceased fram the de	ar about 21C, WHERE DID in JURY OCCUR? 21F. HOW DID INJU 19 70 and that is the bady after death.	(If In Baltimor	e City, give exact location) My 3 19 70 nitron death accurred an the data			
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B 21	PLACE OF INJURY (e.g., in the form, foctory, street, off) INJURY OCCURRED The At Work of While at Work of Wark The deceased fram the de	21F. HOW DID INJU	(If In Baltimor	e City, give exact location) My 3 19 70 nitron death accurred an the data			
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B 21	PLACE OF INJURY (e.g., in the, form, foctory, street, off) INJURY OCCURRED The At Wark The deceased from At Wark The deceased	ar about 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJU 19	(If In Baltimor	ay 3 19 70 note that accurred an the day 23B. DATE SIGNED May 3, 19 70 Ballo hol. 2/223			
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Haur) 21E. OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive an and haur and fram the couses stated above. (I) 23A. SIGNATURE WAS PERFORMED 21B. DATE 21B. DATE 22G. N. WAS PERFORMED 21B. DATE 21B. DATE 22G. N. 22A. BURIAL CREMATION. 124B. DATE 22G. N.	PLACE OF INJURY (e.g., in the form, foctory, street, off) INJURY OCCURRED The form of the foctory of the foct	ar about 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJU 19	(If In Baltimor	e City, give exact location) My 3 19 70 Infon death accurred an the dat			
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B 21	PLACE OF INJURY (e.g., in the, form, foctory, street, off) INJURY OCCURRED The At Wark The deceased fram	ar about 21C, WHERE DID INJURY OCCUR? 21F. HOW DID INJU 19 70 and that we the bady after death. adding Med. Sew the bady after death. 3D. ADDRESS BOY ALCOM	(If In Baltimor	e City, give exact location) My 3 19 70 Infon death accurred an the dat 23 B. DATE SIGNED May 3, 19 70 Ballo Mol. 2/223 ty, town, or caunty) (State)			
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Haur) 21E. (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive an and haur and fram the couses stated above. (In the couse of	PLACE OF INJURY (e.g., in the, form, foctory, street, off) INJURY OCCURRED The At Wark The deceased from At Wark The deceased	ar about 21C, WHERE DID in JURY OCCUR? 21F. HOW DID INJU 21F. HOW DID INJU 19 70 and that iew the bady after death. Iding Med. Director F 3D. ADDRESS MATORY 24D. LO	(If In Baltimor	e City, give exact location) ay 3 19 70 non death accurred an the dat 23 B. DATE SIGNED May 3, 19 70 Backo led. 2/223 ty, town, or county) (State)			
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Haur) 21E (APPROX.) 22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive an and haur and fram the couses stated above. (INTERPREDICTION OF THE PROXIDE OF TH	PLACE OF INJURY (e.g., in the form, foctory, street, off) INJURY OCCURRED The form, foctory, street, off Not While the deceased fram th	ar about 21C. WHERE DID injury occur? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	(If In Baltimor RY OCCUR? 772 ta t in(my) (aur) api inoff chys. CATION CATION CATION CATION CATION CATION CATION CATION CATION CATION CATION CATION CATION CATION CATION CATION CATION CATION CATION CATION	e City, give exact location) ay 3 19 70 non death accurred an the date 23 B. DATE SIGNED May 3, 19 70 Ballo led. 2/223 ty, town, or county) (State)			







4-04-70

Burial

VS 151-REV. 1/1/6B

25A. DATE REC'D BY HEALTH DEPT.

Belle Haven

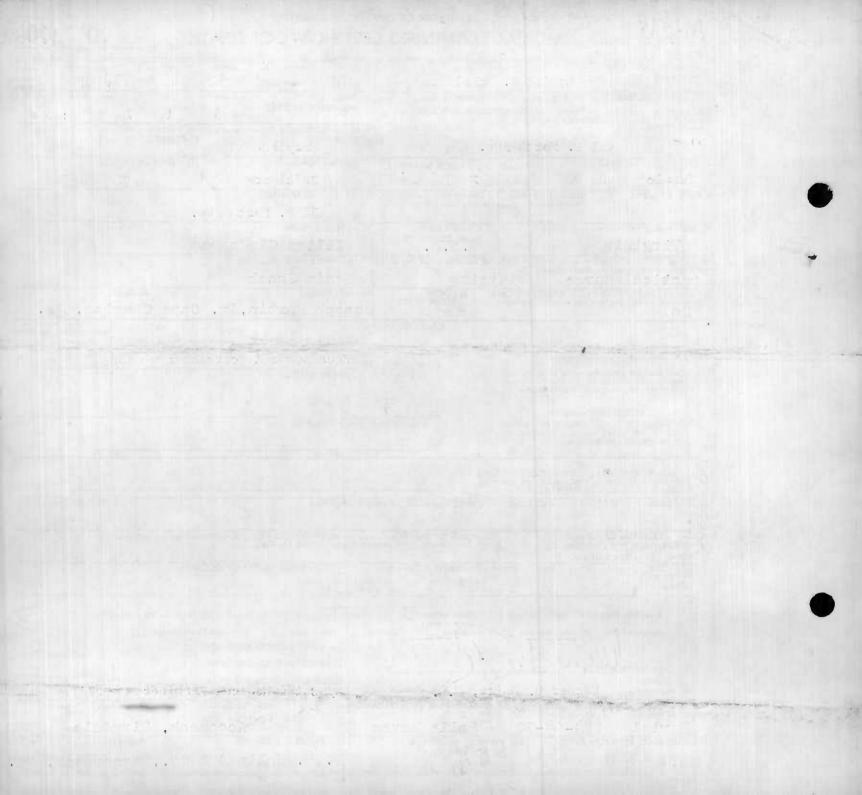
258. NAME OF SEGISTRAR

Accomack, Virginia

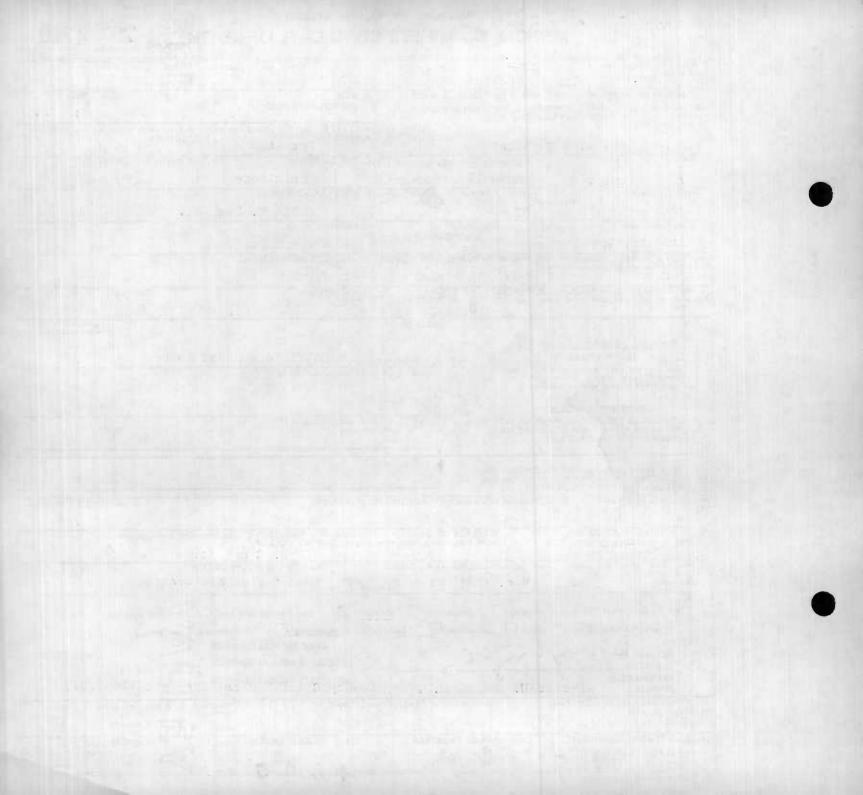
.D. Holland & Co., Nassawadox,

ADDRESS

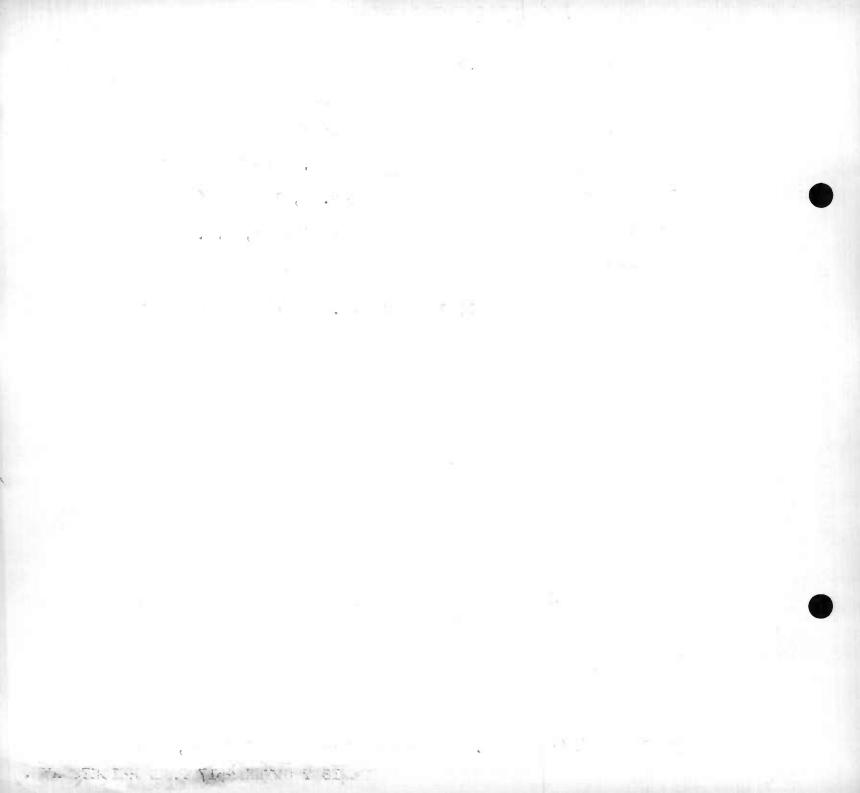
25C. FUNERAL DIRECTOR



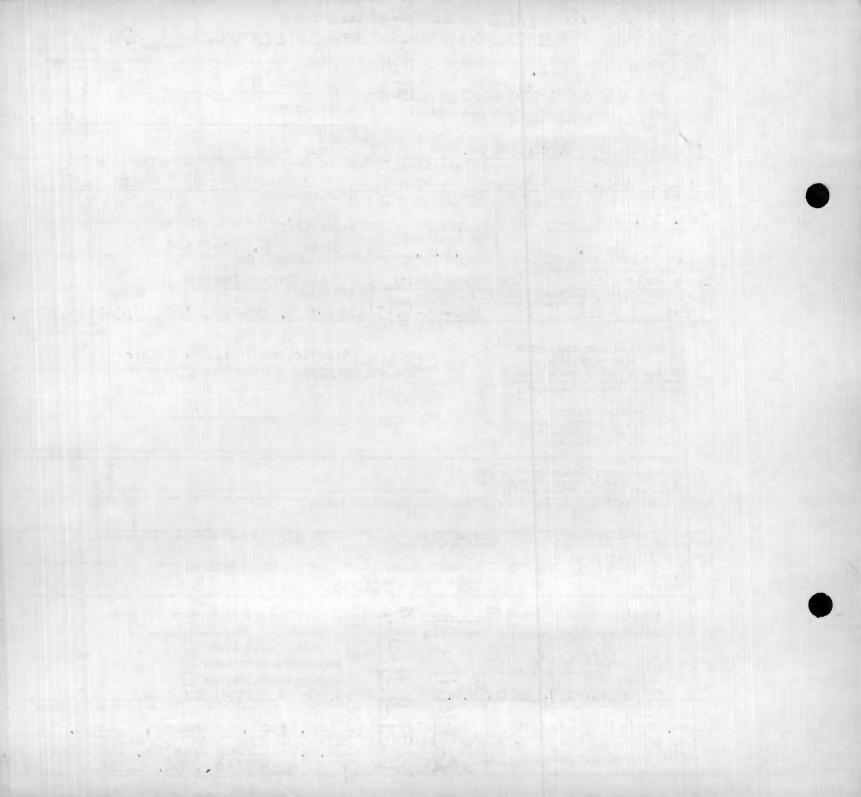
W-325	70 47		ALTIMORE CITY HE AMINER'S (DE DEA	TH	70	171	n
BIRTH NO.	MEDIC	TE EN	THIII TEIL O	- rix 1 11 1	CAIL	JI DLA	REG. N	0	7112	.0
I. NAME OF DECEASED	JE	E		2. DATE	Known 🗵	Month	Doy	Yea	r Hnur	
(Type or Print) (ERVIN)	Irving	Jatkins		OF	Estimated		Doy	rea	ringr	
4. PLACE IN BALTIMORE, A	AARVIAND WHE	PE PRONOU	NCED DEAD	DEATH 3. DATE	Estimoted		-	- 4	21	M
FULL NAME OF (IF N	OT IN HOSPITAL OF				UNCED DEAD	Month 5	3	70		a. M
OR INSTITUTION				5. USUAL R	ESIDENCE (W	here deceased	lived, If Institu		ce pelare adm	nission)
2 Hopl	kins Hospi	ital		The State	Maryla	nd	B. CO0141	4	121	03
6. SEX 7. RACE	8. 1	MARRIED 🔯	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMIT	5?	-
male color	red w	DOWED -	DIVORCED		Balti	more		YES EX	NO 🗆	
9. DATE OF BIRTH	10. AGE (in year		r 1 Yr. If Under 24 Hrs.	E. STREET	ND NUMBER			TES ES	NO L	
12-14-32	last birthday)	Months	Days Hours Min.				C+			
	3					E. 28th	St.			
11. BIRTHPLACE (State or fore			ZEN OF	13. FATHER	SNAME					
Baltimore, Mar			AT SOUNTRY?	100	en Watk:					
14A.USUAL OCCUPATION (G	ive kind of work 14B.	KIND OF BUS	SINESS OR INDUSTR'	15. MOTHE	R'S MAIDEN	NAME				
Laborer Laborer	Me	rchant	Seaman	Ora	Harris					
IS WAS DECEASED EVER II			. SOCIAL	18. INFOR				ADDRESS		-
(Yes, no or unknown) (If yes, give	war or dates al se	rvice)	SECURITY NO.			Robins	on 314.	E. 28t	h_St.	
no		2	214-26-6903		Jennie	Watkins	713 E.	Chase		
19. 5 9 6 5 1	X		CAUSE OF DEA	TH				R	APPROXIMATE	
ANTECEDEN ANTECEDEN DISEASES OR CONDI RISE TO THE ABOVE C UNDERLYING COND OTHER SIGNIFICANT CC TO THE DEATH BUT NO DISEASE OR CONDITIO	T CAUSES TIONS, IF ANY, GIVAUSE (A) STATING TION LAST. II ONDITIONS CONTI	VING THE RIBUTING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
20A. DATE OF OPERATION			CH OPERATION W	S PERFORM	ED			121 A11	TOPSY? (Yes	or No
5 2				- 1 - 11 - 11				21. 20		
ZZA. EXTERNAL CAUS	F 1444 C	loon by a							yes	•
UNDERLYING OR CO UTING CAUSE OF DE 22D. TIME (Month) OF INJURY (APPROX.) 5 3	NTRIB- ATH.	home, for	CE OF INJURY (e.g., rm, lactory, street, affice house NJURY OCCURRED. RAT WOT AT W	while R	713 E.	Chase S	t.	100)) /	
	held an Inqui		dent Suicid	ASSI	MICIDO EN CANTA MEDICA	Undetem AL EXAMINER AL EXAMINER		, 🗆	DATE SIG	
NAME (Type) 24A. BURIAL CREMATION,	Werner U		, M.D.			edical	Examine		5/3/70	
REMOVAL (Specify) Burial	5-7-1970		ltimore Nat				re, Mary	land	τγ) (Si	iate)
25A. DATE REG'D BY HEALTH		B. NAME OF	REGISTRAR		UNERAL DIRE		35 Harfo	ADDRESS	e. 2121	.3



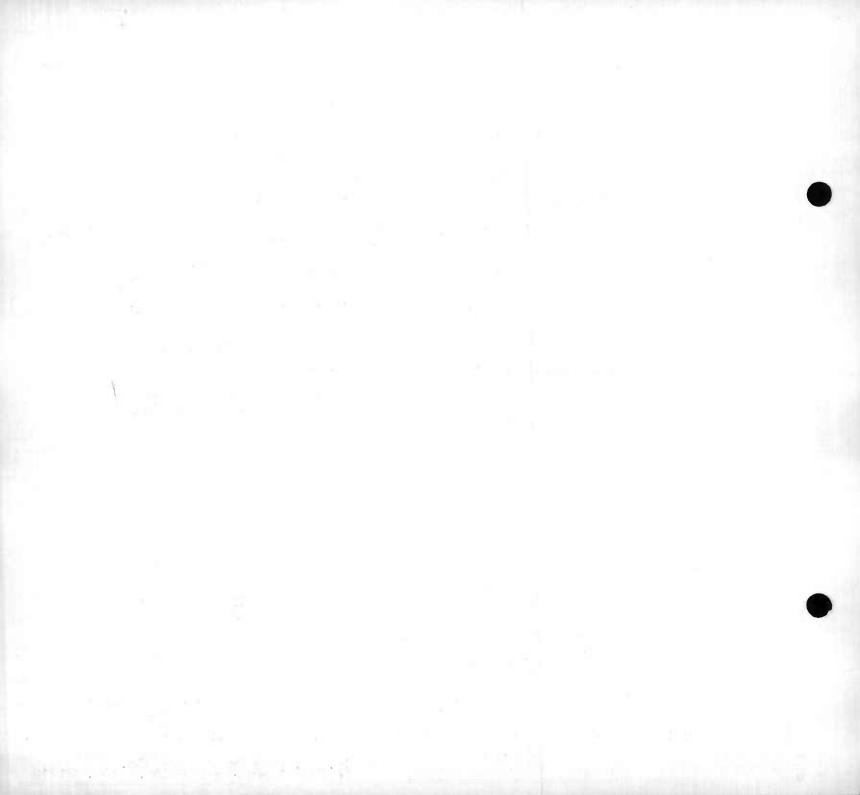
3	-650 70	471:	Access to the second se	TE OF DEATH	REG. NO.	70 4744		
BIRTH N	IO. E OF DECEASED		CLKTIFICA			4/77		
(Type or		Guara	James Gree		D HOUR OF DEATH			
3. PLAC	E IN BALTIMORE MARYLAND	WHERE PRONO		1.7	e decoased lived If in	stitution: residence before admission		
				A. STATE B. COUN	TY	I HI A A		
HOSPIT	AL OR ADDRESS OR 10	PITAL OR INSTIT	UTION, GIVE STREET	Maryland c, City or TOWN		1703		
INSTITU	variada Nursing	Hon		Baltimore	D. INSI	DE CITY LIMITS?		
CII	1	11,000		E. STREET AND NUMBER		YES X NO		
76)			804 W. Lany	ale Street	t		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	S. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.		
	ale Negro	WIDOWED		Nov. 5, 188	lost birthday)	Months Doys Hours Min.		
IOA. U SU	AL OCCUPATION (Give kind of w	rork 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY		
	etired	0)		Washington	- D.C.	USA		
	IER'S NAME			14. MOTHER'S MAIDEN NAM		0.5%		
	Unknown							
5. Wos		Forcos?	1 6. SOCIAL	Unkno	wn	45-5-5-		
los, no o	Deceased Ever in U. S. Armod runknown) (If yes, give wor ar d	oles of service)	SECURITY NO.			ADDRESS		
N			217 14 5552		Dobson 25	21 W Lafayette		
18.	162111		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OF CONDITION LEADING TO DEAT				1	1, >		
1This	s does not mean the mode	of dving. e.g.,	(A) IMMEDIATE CAU		LetTLu	my year:		
inju	Initia does not mean the mode of dying, e.g., heart failure, asthenia, elc. It means the disease, injury or complication which caused death.)							
ANTECEDENT CAUSES						1		
DIS	EASES OR CONDITIONS, I	any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:				
rise	TINDERLYING CONDITION 1-4							
ON	DERETING CONDITION 105%		(C)			**********		
Z ОТНІ	11 ER SIGNIFICANT CONDITIONS C	ONTRIBITING	n i	pro-				
TOI	HE DEATH BUT NOT RELATED TO ASE OR CONDITION GIVEN IN P	THE TERMINAL	Pulmor	vary Emphyses	~~6			
OTHI TO T DISE 19A.	DATE OF OPERATION 198. CO	NOTION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	INDINGS CONSIDERED		
		ERFORMED			IN CERTIFYING CAU	SES OF DEATH?		
00 (ACCIDENT WAS UNDERLYING	21B,	PLACE OF INJURY (e.g., fr	or obout 21 C. WHERE DID	(If In Boltimore	City, give exoct location)		
DEA	TH Inotity medicat examined	etc.l	losing tourney, smooth di	into stage, into skil seccolar				
W OF H	TIME (Month) (Doy) (Yeo	r) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?			
> 1	ROX.)		ile At Nof While					
22, 1	certify that (1) (this heart	Price 27 #200 2		Man 10	70 . 21	19 70		
	(1) (we) last saw the decea			100				
			-	und ind	in (my) (ant) ablu	lan death accurred an the date		
and have and from the causes stated abave (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff 53 23B. DATE SIGNED								
						2 M / / / / /		
l	PHYSICIANS	/	DEGREE Phys.	Director L F	hys.	31 my 1 10		
	NAME (Type)			3D. ADDRESS				
4A. 9119	IAL CREMATION, 248, DATE	12.2.2	DEGREE					
REA	NOVAL (Specify)	24C. N	ME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (City	, town, or county) (Stote)		
	urial 5/6/	70 M		metery Ba	ltimore. M	Marvland		
M AY	C TO BY HEALTH DEPT.	Jaber	F-REGISTRAR	25C. FUNERAL DIRECTOR	1/	ADDRESS		
HELL	اعلام المعتواة ح	- HAUSEL		CEMISOT GWYN	N 4517 PAF	RK HEIGHTS AVE.		
5 150-R	EV. 1/1/68				and the same	1 700		



70 4712 BALTIMORE CITY H	HEALTH DEPARTMENT
1//2	
BIRTH NO.	CERTIFICATE OF DEATH REG. NO. 170 4712
1. NAME OF DECEASED F	2. DATE Known 2 Month Doy Year Hour
(Type or Print) Orlando / Scofield	OF DEATH Estimoted M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 5 1 70 4:25 p. M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE B. COUNTY
3706 N. Charles St.	Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male white widowed Divorced	□ Baltimore YES NO □
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hr.	
Feb. 10.1909 61	3706 N. Charles St.
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Conn. WHAT COUNTRY?	George L. Scofield
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUS done during most of working life, even if retired)	TRY 15. MOTHER'S MAIDEN NAME
Shoe Salesman Van Dyke&Bacon	Ida Grace Foster
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ((I) yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
Yes WWII 044-05-161	3 Albert R. Bowden, 1201 Fidelity Bldg.
19. 412 4 CAUSE OF DE	EATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	riosclerotic cardiovascular disease
heart foilure, osthenio, etc. It meons the disease,	OR AS A CONSEQUENCE OF:
Injury or complication which coused deoth.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	
DISEASE OR CONDITION GIVEN IN PART 1 (A)-	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED 21. AUTOPSY? (Yes or No)
228. PLACE OF INJURY (e. home, farm, loctory, street, o	.g., in or obout 22C. WHERE DID (II in Boltimore City, give exact location) Hice bldg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH.	
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRE	22F. HOW DID INJURY OCCUR?
m. WORK	T WORK
23. I certify that I held on Inquiry Inspection X	A . D - Id a distant toda
resulted from: Natural causes Accident Sul	cide Homicide Undetermined manner
ACTUAL MILLAND 1275	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Innallymon on II Chita M D	ASSOCIATE MEDICAL EXAMINER L
NAME (Type) Werner U. Spitz, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	Deputy Chief Medical Examiner 5/2/70 RY or CREMATORY (24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
	enter Cem.Assoc. Bethel, Conn.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR H.W. Jenkins & Sons Co. 4905 York Rd
MAY & 1970 Robert & Narbey M.D.	O Balto. Md. 21212
VS 151-REV. 1/1/68	



CERTIFICATE OF DEATH REG. NO. 70 4713
1. NAME OF DECEASED (Type or Print) MARY ELLEN MCDONALD 2. DATE AND HOUR OF DEATH May 3 1970 1 3 30 4
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admiss B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
42 SINAI HOSPITAL BALTIMORE VES NO E. STREET AND NUMBER 624 EAST 31ST. ST.
F WIDOWED DIVORCED DEC 30.1924 If Under 1 1/6. If Under 24 Hours Min
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) LERK SOCIAL SECURITY Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
THOMAS B. McDonay. D ELLEN J. Timm INCS
(resona ar unknown) (II yes, give wor or doles of service) SECURITY NO. R16-14-0919 MISS ANNE R. McDONALD (SAN
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH CAUSE OF DEATH PULMONARY HEMORAGE APPROXIMATE INTERV. BETWEEN ONSET AND DI CAUSE OF DEATH
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease,
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise in the above cause (A) stating the UNDERLYING CONDITION last. CARCINOMA OF BREAST (B) DUE TO, OR AS A CONSEQUENCE OF: WITH METASTAS(S) (C)
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED 19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED 19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION 19A-DATE OF OPERATION 19R CONDITION 19A-DATE OF OPERATION 19A-DATE O
OR CONTRIBUTING I CAUSE OF Low forcing steel office blde INTURY OCCUPY
DEATH (natify medical examiner) 21D-YIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED While At Not While At Work At Work
22. I certify that (4) (this hospital) attended the deceased from 310 3 1970 to Way 3 1970 that (7) (we) last saw the deceased alive an way 3 1970 and that in (mis) (our) opinion death accurred on the
and haur and from the causes stated above. (#) (We) (did) (d
Clluth lugular M.D. DEGREE Phys. Med. Director Phys. \ 5-3-70
Alberto Augulo, M.D. DEGREE SINAI HOSPITAL, BALTO. M.
24A. BURIAL CREMATION, REMOVAL (Specily) Burial 24C. NAME of CEMETERY of CREMATORY Specily) Burial 24C. NAME of CEMETERY of CREMATORY Solution (Gity, town, or county) New Cathedral Cemetery Baltimore, MC
25A. DATE REC'D BY HEALTH DEPT. 25E. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR SONS CO. ADDRESS VS. 150-REV. 1/1/68



IMPORTANT

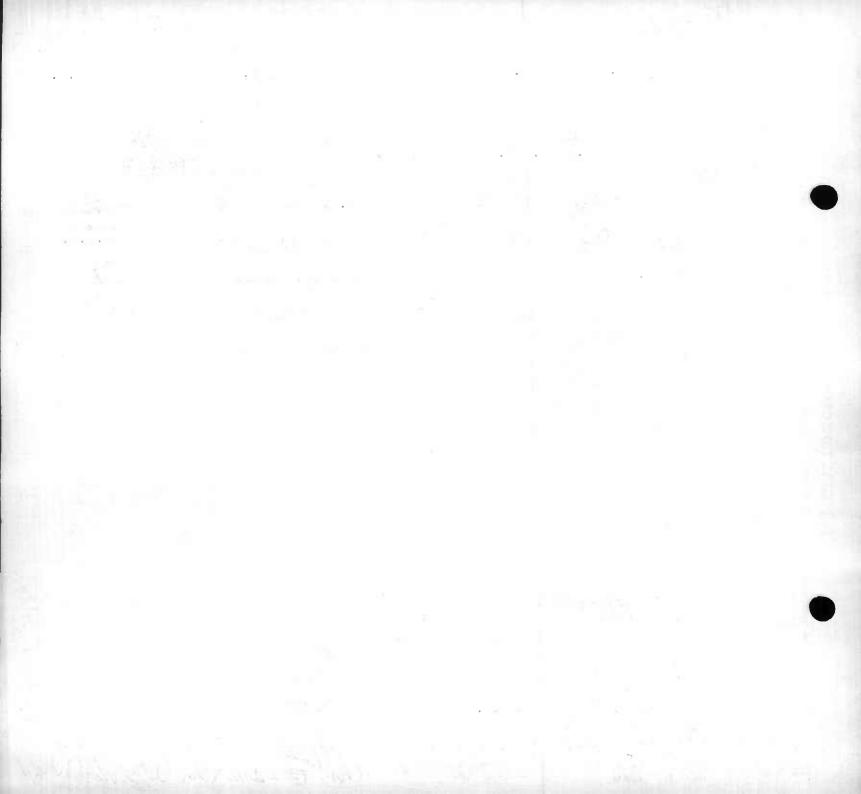
DIRECTOR:

FUNERAL



SIRTH NO. 70 4715 CERTIFICATE OF DEATH REG. NO. 70 4715
1. NAME OF DECEASED (Type of Print) 2. DATE AND HOUR OF DEATH 1. DATE 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before fodmission) 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before fodmission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?
South Ballimore General Hasatel # 26 East Heath St.
S. SEX 6. RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) 11. If Under 14 Hrs. Menths 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
Housewife 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
ALVIN E. Shaeffer 15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL 2 SECURITY NO. 4300 17. INFORMANT John Lyons 36 E Heath St., Bullowe
18. 410,9 Y 250,9 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc., injury or complication which coused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above couse (A) staling the UNDERLYING CONDITION lost. (C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
OF INJURY (APPROX.) While At Not While At Work
22. I certify that (1) (this hospital) attended the deceased from April 27, 19 70 to April 30, 19 70 that (1) (we) last saw the deceased alive an April 30, 19 70 and that In(my) (aur) apinion death occurred on the date and have add from the approximately (1) (W.) (III) (IIII) (III)
ond haur and fram the causes stated obave. (1) (We) (did) (did not) view the body ofter deoth. 23A, SIGNATURE Attending Med. Shaff Phys. Director Phys.
23C. PHYSICIAN'S NAME (Type) & Lebo SBCH.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial May 4,1970 Reisterstown Meth. Cem. Reisterstown, Balto. Md 25A. DATE RECTO AT HEALTH DEPT. C 25F. NAME CONSISTRAR MAY 6 970 Problem & 25C. FUNERAL DIRECTOR ADDRESS WE MAY 9 Per 10/49





(Type or Printl	ECEASED		CERTIFICA		AND HOUR OF DEATH	4
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JAMIZS H.	· NIE	NThoRM		-70: -	17:00 P M
3. PLACE IN B	ALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	A. USUAL RESIDENCE (WI	nere deceased lived, tf	institution: residence before admissional
FULL NAME CHOSPITAL OR	OF (IF NOT IN HOSPI	TAL OR INSTIT	TUTION, GIVE STREET	Maryland C. CITY OR TOWN	Anne Ar	rundel 5200
MERRY	NOFFITHI			Pasadena		YES NO X
27				E. STREET AND NUMBER		
) /					Rd. Rivier	ra Beach
Male	White	WIDOWED		8. DATE OF BIRTH Dec. 14,1891	9. AGE (In years last birthday)	If Under 1 Ys. II Under 24 Hrs. Manths Days Hours Min.
IOA, USUAL OC	CUPATION (Give kind of war of working life, even if retired)	rk 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lo	reign countryl	12. CITIZEN OF WHAT COUNTRY
Machin	and the second s		Railroad	Märvland		TT C A
3. FATHER'S N	AME	200	Mailload	14. MOTHER'S MAIDEN N	AME	U.S.A.
W	illiam J. He	enthorn		Annie S	Hartlove	
5. Was Decease	ed Ever in U. S. Armed Fa	rces?	16. SOCIAL	17. INFORMANT	TIAL OLOVE	ADDRESS
No	viii (ii yes, give war or dok	es of servicei	SECURITY NO.	Anna W. Hen	thorn	Same
18. 40	3 X I		CAUSE OF DEAT	4		APPROXIMATE INTERVAL
DISE	ASE OF CONDITION DE					BETWEEN ONSET AND DEATH
(This does	nal mean the mode of		(A) IMMEDIATE CAU	SE KENAI FA	ilure.	14daps-
heort foilure	, oslhenio, etc. Il meons	s the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or co	amplication which coused					
	ANTECEDENT CAUSES		(B) (ARO1410	ARTERIOLAR	1.113 PhRUSC	leros & month
DISEASES rise to	OR CONDITIONS, it	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYIN	NG CONDITION lost.	aloung me	(c)			
	11		00	BLADDER	CUTIET.	
-1			11 11/14 -	KINNIN IN	Cher - IT	
OTHER SIGN	IFICANT CONDITIONS CO	NTRIBUTING	M. V. M. D.C.	TRUE TILL		10-11-760
C DISEASE OR	ATH BUT NOT RELATED TO T	THE TERMINAL		TRUCTION	***************************************	MOM74S.
DISEASE OR	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR OF OPERATION 198. CON WAS PER	THE TERMINAL RT 1 (A). NOTION FOR	WHICH OPERATION	20A AUTOPSY? (Yes or N	***************************************	
DISEASE OR 194. DATE OF	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR OF OPERATION 198. CON WAS BER	THE TERMINAL RT 1 (A). NOTION FOR THE STREET	WHICH OPERATION NEIMHTUR	TRUCTIVM 20 A- AUTOPSYT (Yes or N	10) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
DISEASE OR DISEASE OR 19A-DATE OF 21A-ACCID OR CONTRI DEATH (noti	ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR OF OPERATION 198. CON WAS JER ENT WAS UNDERLYING E BUTING CAUSE OF fy medical exomined	THE TERMINAL RT 1 (A). NOTION FOR SEFORMED	WHICH OPERATION NE/MHTUR PLACE OF INJURY (e.g., in the form, foctory, street, of	20A AUTOPSY? (Yes or N	10) 208, IF YES, WERE IN CERTIFYING CA	
DISEASE OR DISEASE OR DISEASE OR DISEASE OR DISEASE OR DISEASE OR CONTRIBUTION OF CONTRIBUTION	ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PARTICLE OF OPERATION 198. CON WAS PER 199. CON WAS UNDERLYING BUTING TO CAUSE OF	ITHE TERMINAL RT 1 (A). NOTITION FOR 1 PORMED 21B. hom etc. (Haus) 21E.	WHICH OPERATION LANTURY Control Control	20A-AUTOPSY? (Yes or No. 1) or about 21C. WHERE DID lice bidg., INJURY OCCUR?	(If In Baltimo	FINDINGS CONSIDERED AUSES OF DEATH?
DISEASE OR DISEASE OR DISEASE OR OR CONTRIL DEATH (noting the contribution of the cont	ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR OF OPERATION 198. CON WAS JER ENT WAS UNDERLYING E BUTING CAUSE OF fy medical exomined	ITHE TERMINAL RT 1 (A). NOTITION FOR 1 PORMED 21B. hom etc. (Haus) 21E.	WHICH OPERATION WE IN A TURY PLACE OF INJURY (e.g., in the form, foctory, street, of the form) INJURY OCCURRED ile At A Not While	20A-AUTOPSY? (Yes or No. 1) or about 21C. WHERE DID lice bidg., INJURY OCCUR?	(If In Baltimo	FINDINGS CONSIDERED AUSES OF DEATH?
DISEASE OR 19A.DATE OF 19A.DATE OF 21A. ACCID OR CONTRIDENT OF 10D.TIME (APPROX.)	ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PAID FOR PROPERTION 198. CON WAS SER SUNDERLYING BUTING CAUSE OF fy medical exominer (Month) (Dayl (Year)	INE TERMINAL IT (A). NOTITION FOR STREET IN THE STREET IN	WHICH OPERATION WE MATURA PLACE OF INJURY (e.g., in e., form, foctory, street, of the control	20A-AUTOPSY? (Yes or No. 1) or about 21C. WHERE DID lice bidg., INJURY OCCUR?	(If In Baltimo	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exact locotion)
DISEASE OR 19A.DATE OF 19A.DATE OF CONTROL OF CONTROL OF INJURY (APPROX.) 22. I certif	ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR OF OPERATION 198. CON WAS JER ENT WAS UNDERLYING E BUTING CAUSE OF fy medical exomined	INE TERMINAL IT (A). NOTITION FOR IFORMED IT (B) IT (B) IT (B) IT (C) IT	WHICH OPERATION NEINTURY PLACE OF INJURY (e.g., in the form, foctory, street, of the form) INJURY OCCURRED ile At At At Ook he deceosed from	20A. AUTOPSY? (Yes or No. 1) A	(If In Boltimo	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exact locotion)
DISEASE OR PROVIDE THE DESCRIPTION OF CONTRIBUTE OF INJURY (APPROX.)	ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PARTICIPATION 198. CON WAS PER SUNDERLYING CAUSE OF The Month (Dayl (Year) (Month) (Dayl (Year) (ITHE TERMINAL RT 1 (A). NOTITION FOR 1 IFORMED (Hour) (Hour) (Hour) (I) attended the ed alive on	WHICH OPERATION NE M + TUR PLACE OF INJURY (e.g., in the form, foctory, street, of the foctory, street,	20A-AUTOPSYT (Yes or No. 1) or about 21C. WHERE DID lice bldg., INJURY OCCUR? 21F. HOW DID IN 4 - 1 9 219 Z and t	JURY OCCUR? JURY OCCUR? 19 0 ta ket the the the the the the the the the t	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exact location)
DISEASE OR PROVIDE THE DESCRIPTION OF CONTRIBUTE OF INJURY (APPROX.)	ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PARTICIPATION 198. CON WAS SER SUNDERLYING CAUSE OF fy medical examines (Month) (Dayl (Year) (Yea	ITHE TERMINAL RT 1 (A). NOTITION FOR 1 IFORMED (Hour) (Hour) (Hour) (I) attended the ed alive on	WHICH OPERATION NE M + TUR PLACE OF INJURY (e.g., in the form, foctory, street, of the foctory, street,	20A. AUTOPSY? (Yes or No. 1) A	JURY OCCUR? JURY OCCUR? 19 0 ta ket the the the the the the the the the t	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exact locotion)
UTHE DE- DISEASE OR 19A.DATE OF 19A.DATE O	ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PARTICIPATION 198. CON WAS SER SUNDERLYING CAUSE OF fy medical examines (Month) (Dayl (Year) (Yea	ITHE TERMINAL RT 1 (A). NOTITION FOR 1 IFORMED (Hour) (Hour) (Hour) (I) attended the ed alive on	WHICH OPERATION NE M + TUR PLACE OF INJURY (e.g., in tee, form, foctory, street, of the foctory, street, of the foctory in the like Mg While the deceased from (did) (did not) v Attention At	20A-AUTOPSYT (Yes or No. 1) or about 21C. WHERE DID lice bldg., INJURY OCCUR? 21F. HOW DID IN 21 - 1 9 2 2 and the body after death.	JURY OCCUR? To to hot landmy) (aur) ap	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exact location) Inlan death accurred an the date 238, DATE SIGNED
DISEASE OR 19A.DATE OF 19A.DATE OF CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (1) (we ond hour of 23A. SIGNA)	ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PAID FOR PROPERTION 198. CON WAS BER TO TO THE PAID TO TH	ITHE TERMINAL RT 1 (A). NOTITION FOR 1 IFORMED (Hour) (Hour) (Hour) (I) attended the ed alive on	WHICH OPERATION NE M + TUR PLACE OF INJURY (e.g., in the late of the la	20A. AUTOPSY? (Yes or N NO 1 or about 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID IN 19 21g Zand to the body after death, anding 77 Med.	JURY OCCUR? 10 19 0 ta	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) Inlan death accurred an the date
DISEASE OR 19A.DATE OF 19A.DATE OF INJURY (APPROX.) 22. I certifithat (1) (we ond hour of 23A. SIGNA) 23C. Physic. NAME	ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PAID FOR PROPERTION 198. CON WAS BERT WAS UNDERLYING BUTING CAUSE OF fy medical exomine? (Month) (Dayl (Year) Ty that (I) this hospital by lost saw the decease and from the couses star (Iype)	ITHE TERMINAL RT 1 (A). NOTITION FOR 1 IFORMED (Hour) (Hour) (Hour) (I) attended the ed alive on	WHICH OPERATION NE M + TUR PLACE OF INJURY (e.g., in the late of the la	20A. AUTOPSY? (Yes or No. 1) or about 21C. WHERE DID lice bidg., INJURY OCCUR? 21F. HOW DID IN 22 and the body after death. Med. Director Director	JURY OCCUR? To to hot landmy) (aur) ap	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exact location) Inlandeath accurred an the date 23B, DATE SIGNED
DISEASE OR 19A.DATE CONTROL 21A. ACCID 21A. ACCID 21A. ACCID 21A. ACCID 21D. TIME OF INJURY (APPROX.) 22. I certif that (1) (we ond hour o 23A. SIGNA) 23C. PHYSICE NAME AA. BURIAL CE	ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PARTICIPATION 198. CON WAS BEEN TWAS UNDERLYING CAUSE OF The Medical exomined (Month) (Dayl (Year) The Medical exomined (Month) (Dayl (Year) Was and from the couses startly the Mary's (Type)	INE TERMINAL INTO I (A). INDITION FOR STATE INTO I (A). INDITION FOR STATE INTO I (A). INT	WHICH OPERATION NE/MATUR PLACE OF INJURY (e.g., ine., form, foctory, street, of line) INJURY OCCURRED Ide At	20A. AUTOPSY? (Yes or Now	JURY OCCUR? JO to Real Manual Company	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) 19 20 Inlan death accurred an the date 238. DATE SIGNED 57 - 70 .
TO THE DE- DISEASE OR DISEASE OR 199. DATE OF 199. DATE O	ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PAID POP OPERATION 198. CON WAS BER TWAS UNDERLYING CAUSE OF five medical examines (Month) (Dayl (Year) (Year) (Type)	INE TERMINAL IT (A). INDITION FOR IFORMED (Hour) (Ho	WHICH OPERATION NEINTURY PLACE OF INJURY (e.g., in the form, foctory, street, of the form) INJURY OCCURRED III At	20A. AUTOPSY? (Yes or Now	JURY OCCUR? JURY OCCUR? To to Replace to the following t	FINDINGS CONSIDERED AUSES OF DEATH? The City, give exact location The city of the
DISEASE OR 19A. DATE OF 19A. DATE OF CONTRIBUTE OF INJURY (APPROX.) 22. I certif that (1) (we ond hour of 23A. SIGNA) 23C. PHYSICE NAME 4A. BURIAL CEREMOVAL BURIAL CEREMOVAL	ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PARTICIPATION 198. CON WAS BEEN TWO WAS BEEN TWO WAS BUTING CAUSE OF The Moderation of the Course	INE TERMINAL RT 1 (A). NDITION FOR INDITION	WHICH OPERATION NEMATURA PLACE OF INJURY (e.g., ine, form, foctory, street, of line) INJURY OCCURRED ile At Attack No While While (did) (did not) v Attack Attack Attack Phys AME of CEMETERY of CRE en Haven Mei	20A. AUTOPSY? (Yes or No. 1) 20A. AUTOPSY? (Yes or No. 1) 1 or about 21C. WHERE DID 21F. HOW DID IN 22F.	JURY OCCUR? JURY OCCUR? JURY OCCUR? JURY OCCUR? And In (my) (aur) ap Stoff Phys. COLETION (C) Glen Burn	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) Inlan death accurred an the date 238 DATE SIGNED 3-1-70 Sity, town, or countyl (Statel ie, Maryland)
U THE DE- DISEASE OR 19A. DATE OF 19A. DATE OF 19A. DATE OF 19A. ACCID OR CONTRI OR CO	ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PAID POP OPERATION 198. CON WAS BER TWAS UNDERLYING CAUSE OF five medical examines (Month) (Dayl (Year) (Year) (Type)	INE TERMINAL RT 1 (A). NDITION FOR INDITION	WHICH OPERATION WE MATURA PLACE OF INJURY (e.g., in the, form, foctory, street, of the form) INJURY OCCURRED ile At Angle While (ald eat) very dependent of CREETERY of CR	20A. AUTOPSY? (Yes or Now	JURY OCCUR? JURY OCCUR? JURY OCCUR? A to Real to Many Court of the	FINDINGS CONSIDERED AUSES OF DEATH? The City, give exact location) The City, give exact location (and the dotter) The City, give exact loca

FUNERAL DIRECTOR: IMPORTANT

HETH NO. 3	5 10	471	^		OF DEATI	Registered N	. 70 4718
Type or fint	you July	S/ TRA	VIS SE	EXTON	_ <	AND HOUR OF DEA	14:20AN
FULL NAME (HOSPITAL OR INSTITUTION	OF (If not in hospital oddress or location	or institution,	give street	Α.	Maryland		f institution: residence before odfinission) 15 300 16 RURAL ond give township)
7	nd General H	ospita	al	D,		(If rural, give location)	
5. SEX	6. RACE	7 44 4 9 9 1 5 7	NEVER MARRIE	0 0 0	328 W. F	rundel Rd	
Male	White	Man	o, DIVORCED (sp	Al	ig. 1,191	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
done during most of	working life, even if retired) Operator		Frace Co		Alabama	foreign Country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	Julius Sext	on		14,	MOTHERS MAIDEN Unknown	NAME	
5. Was Decease	d Ever in U. S. Armed Fore	ces?	1 6. SOCIAL		NFORMANT		ADDRESS
No	n) (If yes, give wor or date	s of service/	407 01		e Laura	J. Sexton	Same
18, 5 5	SE OR CONDITION DIR			AUSE OF D		O. Dex toll	INTERVAL BETWEEN ONSET AND DEATH
heart failure, injury at car DISEASES rise to the	nal mean the mode of asthenio, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last.	the disease, death.)	(B) DU	Ple	nylococo nralep ntrati	Jusim of a	days haphrasm,
TO THE D	IFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I	TED TO TH	Ε	Cere	bral ed	lema, n	rild days
19A. DATE O	F OPERATION 198. CON WAS PERF	ORMED	WHICH OPERATION		20A. AUTOPSY? (Yes	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medicol exomines)	21B hom etc.	PLACE OF INJU ne, form, foctory,	JRY (e.g., in or street, office	bldg., INJURY OCCU	D (If in Boltin R?	more City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeoi)		ile At	Not While	21 F. HOW DID	INJURY OCCUR?	
	that (I) (this hospital		he deceased fr	am	19 7 O on	19 ta	5 - 6 19 / 0 apfinion death accurred on the date
and haur an	d from the causes stat	ed obave. ((Me) (qiq) (q	id nat) vlew			
23A. SIGNAT	hard C.	Keec	h ·	A.D. Attendin	Director L	Stoff Phys.	23B. DATE SIGNED 5-7-70
NAME (Richard C.	Keecl	n		ryland Ge	eneral Hosp	oital
REMOVAL BURIAL CRI	- 1-1-0		AME of CEMETE		rial Gdns	D. LOCATION Howard ((City, town, or county) (State) Co., Maryland
	BY HEALTH DEPT.	0.1	ULGITI		THE WILLS		

Title of the state The state of the s mercia de muestralista en rod de

IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



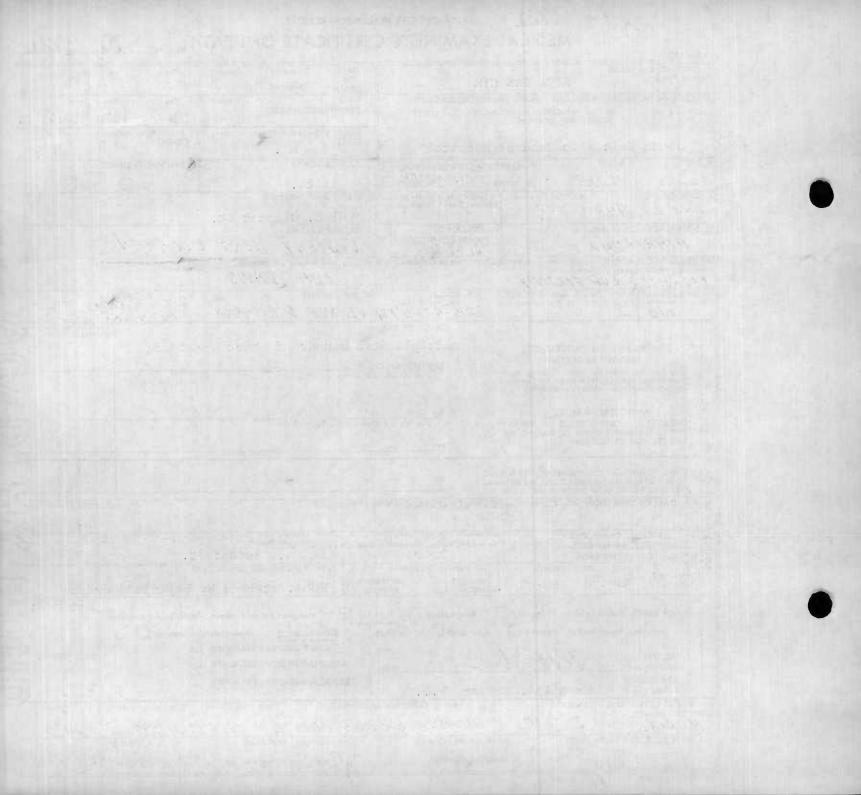
IMPORTANT

DIRECTOR:

FUNERAL



A 121 BALTIMORE CITY H	EALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG NO 70 4721
BIRTH NC.	REG. NO.
I. NAME OF DECEASED	2. DATE Known Month Day Year Hnur
(Type or Print) RITA FAE CYR	OF Estimoted
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	
	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
South Baltimore General Hospital	Md. 2402
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED NEPERSTEED	Balto. YES 🖾 NO 🗆
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs	. IE. STREET AND NUMBER
1014 20 1946 lost birthdoy) Months, Doys, Hours, Min.	
21	601 E. Clement St.
1	13. FATHER'S NAME
403.4.	VINCENT BERT COCHRAN
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME
done during most of working life, even 11 retired) OPERATOR CUP FACTORY	IDA DAVIS
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18 INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	16/2 I ALTHOUGH AUF.
NO - 216-48-477	NEITHLE DIEUCHAMA BALTIMORE, MD.
19. CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Multiple s	stab wounds of chest & abdomen
LEADING TO DEATH	
(This does not mean the mode of dying, e.g., (A)IMMEDIATE DUE TO, OR	AS A CONSEQUENCE OF:
heart foilure, osthenio, etc. it meons the disease, Injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
I UNDERLYING CONDITION LAST	
0	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
O DATE OF OFERATION 2005. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	yes
22A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIB. Inome, form, foctory, street, office uting Cause of Death.	in or obout 22C. WHERE DID (II in Boltimore City, give exact location) te bldg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB-	601 E. Clement St.
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
I OF INTURY	
(APPROX.) 5-2-70 10:08 Pm. WHILE AT NO.	WHILE Subj. stabbed by boyfirend during
	altercation
I certify that I held an Inquiry Inspection A	ond that on this basis, death in my apinion
resulted from: Notural causes Accident Suici	de 🗌 Hamicide 🔀 Undetermined monner 🔲
0,11	CHIEF MEDICAL EXAMINER
ACTUAL CATALON	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.E	
NAME (Type) Russell S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER 5 / 70
24A, BURIAL CREMATION, 124B, DATE 124C NAME of CEMETERY	or CREMATORY 24D, LOCATION (City, town, or county) (State)
REMOVAL (Specify)	(Sinty territory (Sinty)
BURIAL 5/7/10 MEADON BR	ANCH CEMETERY WESTMINITED MD.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAY 7 1971 Bes E. Farber M.D.	10 c so 11 1 to to make



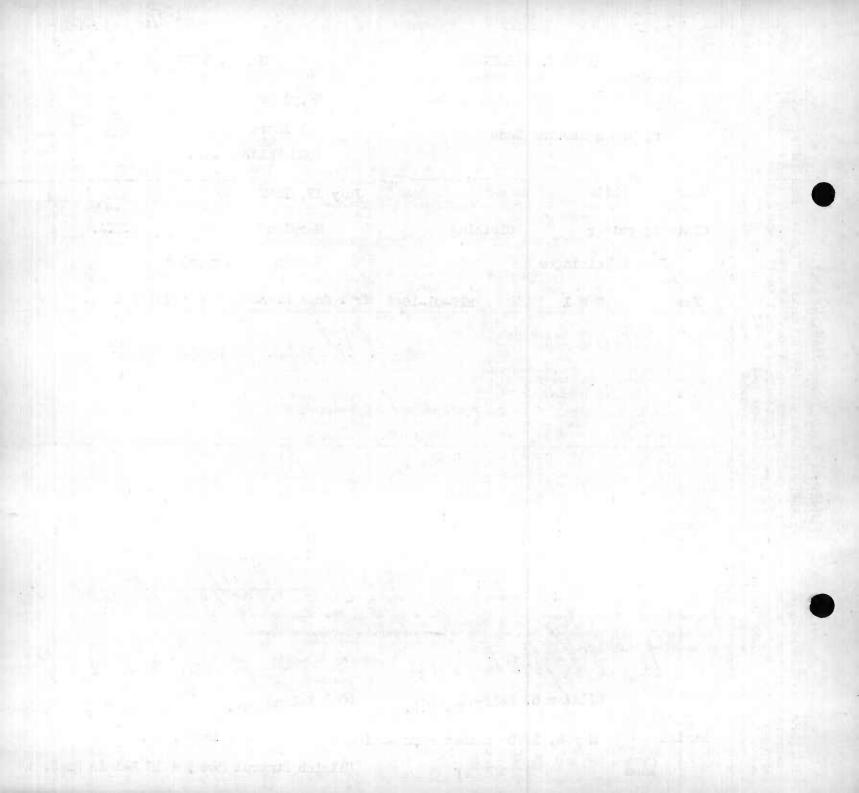
Such

attendance on the

a hospital and

1 1 2 - 12	** F's	BALTIMORE CITY	HEALTH DEPARTMENT		la m
W-252	70 4722	CERTIFICA	TE OF DEATH	REG. NO	70 4722
.NAME OF DECEASED Type or Print)	FRANK J. WEIS	SINGER		4, 1970	93ep
. PLACE IN BALTIMOR	E, MARYLAND, WHERE PRO	ONOUNCED DEAD		deceased lived. If i	nstitution; residence before admission
FULL NAME OF (I	F NOT IN HOSPITAL OR IN DDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Maryland C. CITY OR TOWN	No.	IDE CITY LIMITS?
			Baltimore	0. 1143	YES X NO
Long Gre	en Nursing Hom	le	E. STREET AND NUMBER		
90			4800 Walth	ner Ave.	
SEX 6. RAG	· ·	RIED NEVER MARRIED X	July 17, 1889	AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
			11. BIRTHPLACE (State or foreig		12. CITIZEN OF WHAT COUNT
one during most of working Clothing cut		othing	Maryland		U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	\E	
Joseph	Weisinger		Martina Sp	pitznagel	
. Was Deceased Ever i	n U. S. Armed Forces? s, give war ar dotes af serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	W W L	212-01-1846	Mrs. Anna Brende	el 4800 Wal	ther Ave.,
1B. / / 0	0.1	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
OTHER SIGNIFICANT	CONDITIONS CONTRIBUTE	(C)			
	ATION GIVEN IN PART 1 (A). ATION 19B. CONDITION I	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WA OR CONTRIBUTING DEATH (natify medic	AS UNDERLYING CAUSE OF ol exominer)	21B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	in or about 21 C. WHERE DID INJURY OCCUR?	(If in Boltimo	ore City, give exoct lacotian)
	th) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)		While At At Wark		19	May 1 n
22. I certify that	(I) (this haspital) attend	led the deceased fram	Cuig 1	90 / ta	11cmg 7 19/6
that (I) (we) last	saw the deceased alive	an May	5 19/10 and the	it in(my) (aur) ap	inian death accurred on the d
and hour and fram	the causes stated above	ve. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE/M	I HEller	R M Day AH	ending Med.	Staff Phys.	23B. DATE SIGNED 71
23C. PHYSICIAN'S	July w	DPGREE	23D. ADDRESS		
NAME (Type)	William G. He	elfrich. M.D. DEGREE	5006 Roland		
4A. BURIAL CREMATIC	N, 248. DATE 24	IC. NAME of CEMETERY OF CE	- 80	CATION (C	City, town, or county) (State
REMOVAL (Specify Burial	May 8, 1970	Loudon Park Na	tional E	Baltimore,	Md.
25A. DATE REC'D BY H	PALTH DEPT. 258 NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	7 77 40	ADDRESS
ΔY 7 19/11	JOURN C. NAMEN	- 10 C	Ullrich Funera	al Home, 42	210 Belair Road.

AY 7 1970 Realth DEPT. Loudon Park National ADDRESS NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Ullrich Funeral Home, 4210 Belair Road. VS 150-REV. 1/1/68



BIE	1-435 70 4723		TE OF DEATH REG. NO.	70 4723
	MOULT-ON, HARRY	HAMMOND	MAY 4, 1970	3:15 A.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where doceosed lived	. If institution: residence before admission)
H	ILL NAME OF (IF NOT IN HOSPITAL OR IN DESPITAL OR ADDRESS OR LOCATION) STITUTION	ISTITUTION, GIVE STREET	MARYLAND BALTIMORE	21228 INSIDE CITY LIMITS?
"	ST AGNES HOSPIT	AL	CATONSVILLE	YES NO M
	CATON & WILKENS	AVENUES	E. STREET AND NUMBER	
		'LAND 21229	117 OAK DRIVE	53-00
М	ALE WHITE WIDOW		8. DATE OF BIRTH 9. AGE (in years last birthday) 82	If Under 1 Ye. If Under 24 Hrs. Months Doys Hours Min.
dor	USUAL OCCUPATION (Give kind of work 10B, KIN) of during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or loreign country)	12. CITIZEN OF WHAT COUNTRY?
	ARCHITECT -RET. CO	NSD. ENG.CO.	MARYLAND	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	WILLIAM G MOULTON		ISABELLE (DUMANIMEL)	CALLIS
15. (Yo	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL	17. INFORMANT BALTO MD 212	29 ADDRESS
	NO	212-01-0377	ST AGNES RECORDS CA	TON & WILKENS AVES
_	18.	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NOI	LEADING TO DEATH (This does not meen the mode of dying, heart foilure, asthenia, etc. It means the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, girlse to the above cause (A) stolling UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN	ving (B) DUE TO, OR AS (C)	SE A CONSEQUENCE OF:	
CERTIFICATIO	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION F WAS PERFORMED		20A-AUTOPSY? (Yes or No.) 20B, IF YES, VIN CERTIFYING	VERE FINDINGS CONSIDERED 3 CAUSES OF DEATH?
CAL CER	OR CONTRIBUTING CAUSE OF DEATH (notify medical oxomine)	218 PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	NO n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	illimore City, give exact location)
MEDI	21D. TIME (Month) (Doyl (Yeor) (Hour) OF INJURY (APPROX.)	21 & INJURY OCCURRED While At Work Not While At Work	21F. HOW DID INJURY OCCUR?	
	22. I certify that (4) (this hospital) attend	ed the deceased from MA	Y 3 19 70 to 1	1AY 4 19 70
	that (1) (we) last saw the deceased alive		7.0) apinion death occurred an the date
	and hour and from the causes stated abov		-	
	STORAL ORE	Alle	nding Med. Staff Phys.	23B, DATE SIGNED
	23C. PHYSICIAM'S NAME (Typo)	DEGREE	BALTO MD 212	
24/	BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Loughing 5-6-76	C.NAME OF CEMETERY OF CRE		(City, town, or county) (Stote)
25/	A DATE REC'D BY HEALTH DEPT. 258-NA	AE OF REGISTRAR	2SC, UNERAL DIRECTOR Farlia Canasau	ADDRESS ADDRESS
VS	150-REV. 1/1/68	, in U	The state of the s	

I a " the to Man, to character

> 510 70 17	BALTIMORE CITY	HEALTH DEPARTMENT		m/O . mo .
0-0/0	CERTIFICA	TE OF DEATH	REG. NO	70 4734
BIRTH NO.		lo DATE A	ND HOUSE OF BEAT	
NAME OF DECEASED Type or Print) A ADOM DEUD			ND HOUR OF DEATH	n
AARON DEMB		May	3, 1970	1:45 P.
PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COU	ere deceased lived. If NTY	institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Maryland		2831
NSTITUTION ADDRESS OF ECCATION		Baltimore	D. IN	ISIDE CITY LIMITS?
a Mt. Sinai Nursin	Homo			YES NO
90	y nome	E. STREET AND NUMBER 4200 Labyrin	th Road	
SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
Male White WIDO	WEDXX DIVORCED		86	
DA. USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	eign country)	12. CITIZEN OF WHAT COUNTR
one during most of working life, even if retired)	0			
	Contractor	Russia	140	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	WE	
Israel Demb		Riska ?		
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	11. 11 0 1	1000	
		Mr. Hyman Demb	4200 Laby	rinth Road #15
18. / /	CAUSE OF DEAT	H	DIETER!	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY		DIIA		2/2
LEADING TO DEATH	(A) IMMEDIATE CAL	SE CONTO		3/70
(This does not mean the made of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO OR AS	A CONSEQUENCE OF:		
injury or complication which caused death.)	.436,	1/11/10		-
ANTECEDENT CAUSES		NEVD		
	(B)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if any, gi	the	A CONTROL OF		
UNDERLYING CONDITION last.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
TO THE DEATH BUT NOT RELATED TO THE TERMI				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES. WER!	E FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED			IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	fil in Rollin	ore City give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(IT IN BOTTIME	ore City, give exoct location)
21D.TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID IN	IIIBY OCCILBS	
OF INJURY			JOKI OCCUR!	
(APPROX.)	While At Work Not While At Work			1
22. I certify that (I) (this haspital) attend	ed the deceared from	3/1/70	10 40	5/3 1970
	F/-		19 ta	
that (I) (we) last saw the deceased alive	an	19 O and t	hat in (my) (aur) ap	plnian death accurred an the da
and haur and fram the causes stated abay	e. (1) (We) (did) (dld nat) v	iew the bady after death.		
23A. SIGNATURE				23B. DATE SIGNED
Irdeval D. Hall	eros and Atto	nding Med.	Staff	May 4, 1970
23 C. PHYSICIAN'S	DEGREE	S. Director L	Phys. \square	11000 1, 1770
NAAAE (Type)				
Edward Kalling	MD	6000 Park H	eights Aven	ue
4A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY or CRI			City, town, or county) (State)
REMOVAL (Specify)				
Burial May 4, 1970Ki	nesseth Israel A	she Kalb Walun	Baltiman	a Marian
SA. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R	e, Muyucanoress
MAY 7 19/U Case C. 3	LANGOL FRIENDS	Sal Mantant	C Dune 60	10 Daistast
	7 70 %	SAY ECOVINO ONE	a DILOA.	I KELSLETSZINKIM ROM
/S 150-REV. 1/1/68	7 90 00	THE FEVERISONS	a 57.05. 00	10 Reisterstown Ro

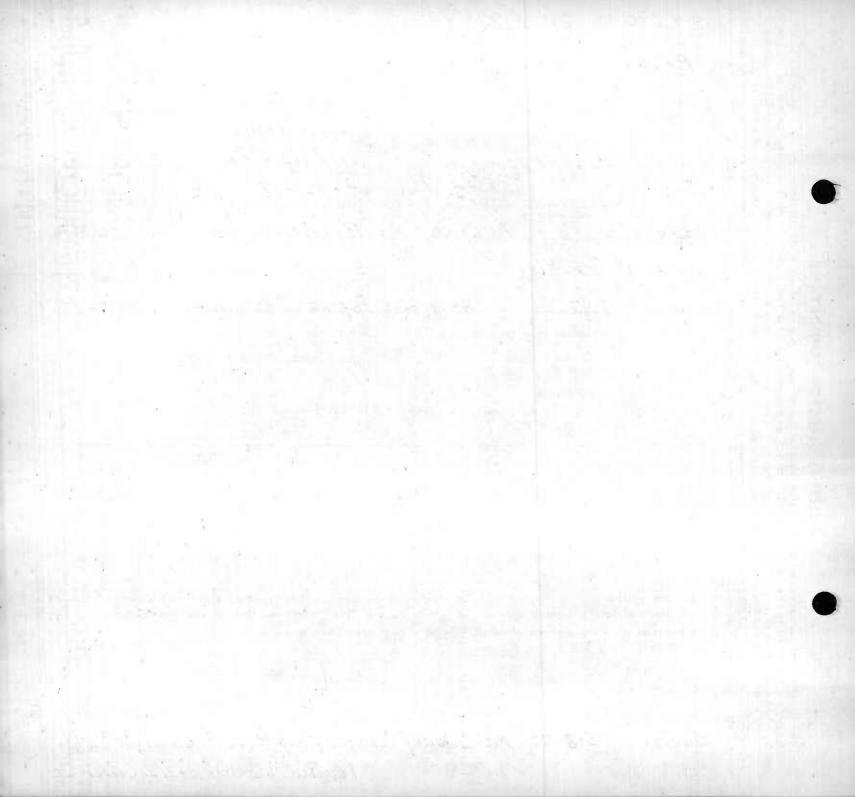
1 The man of the least of the state of the last of the The plantiff and the stiff of the state of t

Between City Happite 12 - 10 2 5 Louise 1 St 3/15/97 ALCOHOL: Nicolne ALTERNATION OF SALESTAND Browlingous (Brainson AN 2 24 1 167 10 Miles Scher Redien City day so

& hields Place

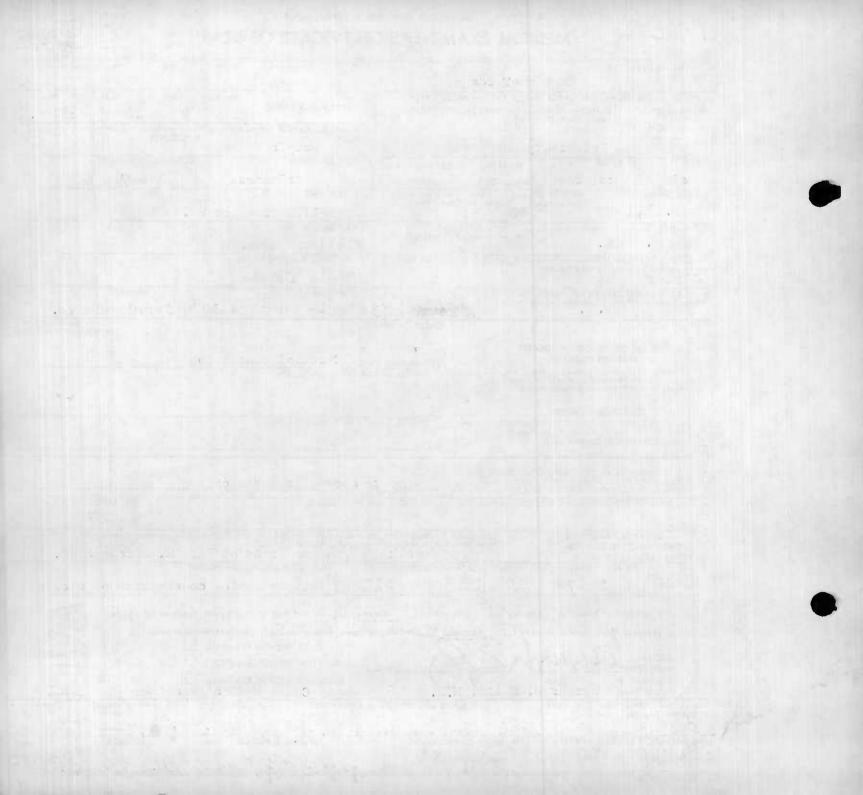
IMPORTANT

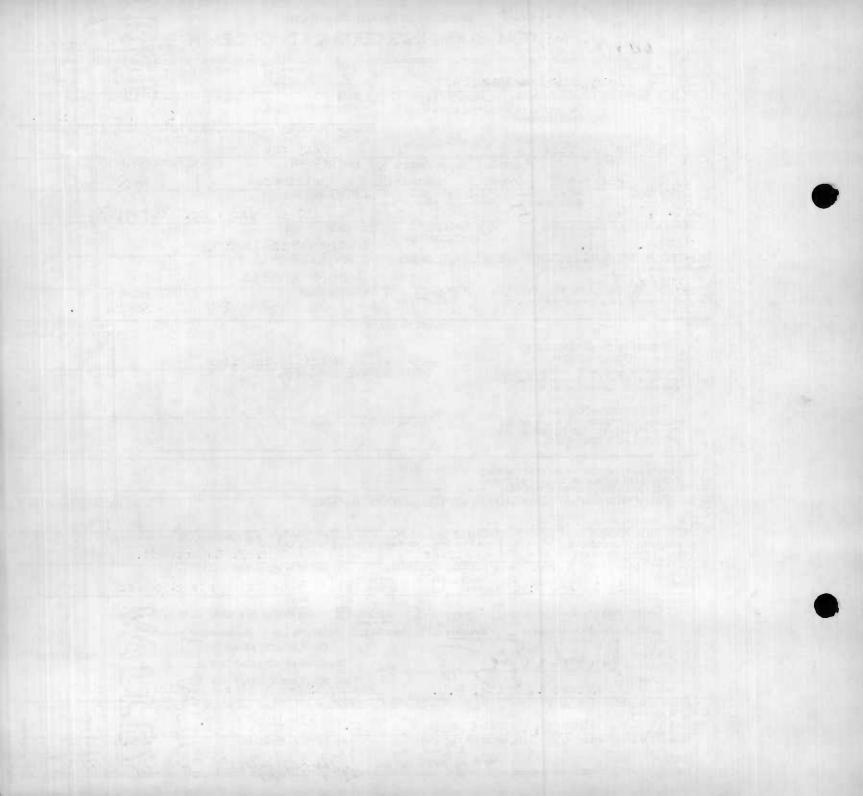
FUNERAL DIRECTOR:



10	4160	BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 1. NAME OF DECEASED (Type or Print) Eugene Turnage 2. DATE Known Month Doy Year Hou OF DEATH Estimated Estimate	
(Type or Print) Fugges Turnage	
II DEAIN	м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Day Year Hou	
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) S. USUAL RESIDENCE (Where deceased lived. If Institution: residence before)	141.
University Hospital A. STATE Maryland B. COUNTY //	08
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?	
male colored WIDOWED DIVORCED Baltimore YES NO [
9. DATE OF BIRTH Novel2, 1929 10. AGE (In years # Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months, Doys Hours Min. 2733 Prospect St.	
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF 13. FATHER'S NAME	
Balto. Md. WHAT COUNTRY? William Turnage	
14A. USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	
done during most of working life, even freitred) Porter Maggie Thomas	
ADDRESS	
(Yes, no or unknown) (If yes, give wor or dotes of service) 25 - 1973 Maggie Turnage 3026 Garrison Av	
	ATE INTERVAL
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE CAUSE Cerebral concussion	
(This does not mean the made of dying, e.g., heart follure, asthenia, etc. it means the disease,	
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? Yes	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED [21. AUTOPSY?]	(Yes or No)
yes	
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location)	1100
UNDERLYING TO CONTRIB- home, form, foctory, street, office bldg., etc.) INJURY OCCUR?	402
22D. TIME (Month) (Day) (Year) (Hous) 122E INTITES OCCUPRED 122E, HOW DID INTITES OCCUPRED	Le
OF INJURY	h - 1
(APPROX.) 5 2 70 ? m. WORK fell following consumption of al	conor
i certify that I held an Inquiry Inspection Autopsy X and that on this basis, death in my opinion	
resulted from: Natural couses Accident Sucrete Homicide Undetermined manner	
CHIEF MEDICAL EXAMINER	
ACTUAL JULY MAN ASSISTANT MEDICAL EVAMINED TO DATE	
CICNIATIDE V	SIGNED
SIGNATURE M.D.	SIGNED
EXAMINER'S ASSOCIATE MEDICAL EXAMINER	
EXAMINER'S NAME (Type) Werner U. Spitz, M.D. Deputy Chief Medical Examiner 5/ 24A. BURIAL CREMATION. 124B. DATE 124C. NAME of CEMETERY or CREMATORY 124D. LOCATION (Giv. town. or county)	3/70 (Stote)
EXAMINER'S NAME (Type) Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner 5/	3/70
EXAMINER'S NAME (Type) Werner U. Spitz, M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (Giv. 1949, or county) ASSOCIATE MEDICAL EXAMINER 5/ 24A. BURIAL CREMATION, (Giv. 1949, or county) REMOVAL (Specify)	3/70
EXAMINER'S NAME (Type) Werner U. Spitz, M.D. Deputy Chief Medical Examiner 5/ 24A. BURIAL CREMATION. 124B. DATE 124C. NAME of CEMETERY or CREMATORY 124D. LOCATION (Giv. town. or county)	3/70



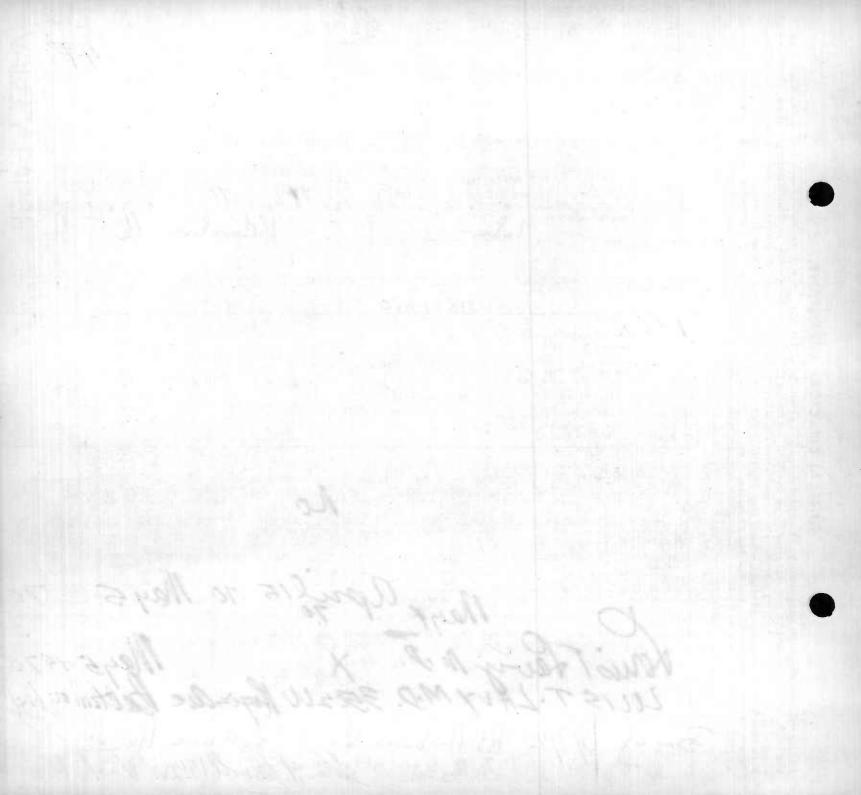


		Y HEALTH DEPARTMENT ATE OF DEATH REG. NO. 70 4730
	I. NAME OF DECEASED FROM FROM FOR	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	MARYCAMD 2201
	SOUTH BALTIMU DRE	BALTIMORE YES NO
ė 1	5. SEX GRACE 17 MASPITAL	831 LEXDEN HALL STREET
is made	MALE XEGRO WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years lost birthday) 1 Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
u l	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even it refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
sposition	RETIRED	MARYLAND 4.5.A.
bo	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ē	CHARLIE # ELL 15. Wos Deceosed Eyer in U. S. Armed Forces? 16. SOCIAL	FLORENCE MERRIL
final	(Tes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	50 N Gunion, Idell - Same
0	18. 4 12 4 1 CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Dec		it Pulmonan Edens
E	(This does not meen the mode of dying, e.g., heert feilure, osthenia, etc. It means the disease,	A CONSEQUENCE OF:
E	injury or complication which caused death.)	
0	ANTECEDENT CAUSES (B) (B)	KIOSECEROTIE CARDIO
are	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	RIOSELEROTIE CARDIO A CONSEQUENCE OF: SCH LAR PISEASE.
dins	ONDERETING CONDITION last. (C)	our circ fire fire is
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	201 - 101 - 100 -
9 110	O O O O O O O O O O O O O O O O O O O	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Det	OR CONTRIBUTING CAUSE OF heme, form, fectory, street of	n er ebout 21 C. WHERE DID
	21D. TIME (Menth) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX.) White At Werk At Werk	° 🗆
	22. I certify that (1) (this hospital) attended the deceased from	3-3 1920 ta 5-3 1920
00	that (1) (we) last saw the deceased alive an 5-3	19ond that in(my) (aur) opinion death occurred on the date
	ond hour and from the causes stated obove. (1) (We) (did) (did not) v	
	Xilia F. Baldonada M.D. AHO	nding Med. Stoff Director Phys. Stoff 5-5-70
prover	23C. PHYSICIAN'S NAME (Type)	3D. ADDRESS
n L	DEGREE	SOUTH BACTO. GEN. HOSP.
	REMOVAL (Specify) 248, DATE 24C, NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (Gity, town, er county) (Stote)
	54 DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	250 FUNERAL DIRECTOR 108 ADDRESS
1	\$ 150-REV. 1/1/68	Addines o Sor-montgomery Il



The state of the state of the

		BALTIMORE CITY	HEALTH DEPARTMENT		510	4779
BIRTH NO.	70 4732	CERTIFICAT	TE OF DEATH	REG. NO	70_	4100
Type or Print)	-, LESLIE		35-/	TO HOUR OF DEATH	n	4P.
HOSPITAL OR ADDRESS	IN HOSPITAL OR INSTITUTE OR LOCATION	ION, GIVE STREET	A. USUAL RESIDENCE ONNO A. STATE B. COUN C. CITY OR TOWN Baltemur E. STREET AND NUMBER	Ballinor	SIDE CITY LIMITS	No 🗌
5. SEX M 6. RACE	WIDOWED	DIVORCED	7/3/99	9. AGE (In years lost birthday)	If Under 1 Yr Months Days	r. If Under 24 s s Hours Min
6A. USUAL OCCUPATION (Give done during mast of working life, ever		USINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	function in the	12. CITIZEN C	S.A.
13. FATHER'S NAME		1	14. MOTHER'S MAIDEN NA	ME		
15, Was Deceased Ever in U. S. (Yes, no or unknown) (If yes, give	Armed Forces? wor ar dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADD	DRESS
DISEASE OR COND LEADING TO (This does not mean the heart foilure, osthenia, etc. injury or complication whice ANTECEDENT DISEASES OR CONDITION TISE TO THE OBOVE CONDITION	DEATH mode of dying, e.g., II meons the disease, ch caused deoth.) CAUSES ONS, if any, giving cuse (A) stating the	(B)	SE Adeno Carc CONSEQUENCE OF: tic me tas tas.	enoma oz is to spén	the e	
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RE DISEASE OR CONDITION GIVEN TO A DATE OF OPERATION	LATED TO THE TERMINAL YEN IN PART I (A).	ITCH OPERATION	20A. ASTOPSY? (Yes or No	a) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CON	NSIDERED
21A. ACCIDENT WAS UND OR CONTRIBUTING CAU DEATH (notify medical exam	SE OF home,	ACE OF INJURY (e.g., in form, foctory, street, affi	or about 21C. WHERE DID ice bidg., INJURY OCCUR?	(If In Baltima	re City, give exa	ict lacation)
	y) (Year) (Houl) 21E, II While Wark	At Not While	21F. HOW DID INJ	URY OCCUR?		
22. I certify that (1) (this that (1) (we) lest sow the and hour and from the co	deceased alive and	aux 1	19 70 and the	19 / to / Coat in (my) (our) api	inion death ac	1919
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	Lavy T. LAV	M P Atten Phys. M.D. Degree 2:	Med. Director D	Shaff Des Alve	Delta Sate Side	5 797 Emore 11
24A. BURIAL CREMATION, 24B. REMOVAL (Spacify) 25A. DATE REC'D BY HEALTH	19/20 Nt.	AE OF CEMETERY OF CREA	MATORY 240. A	nti was	town, or cou	ADDRESS .
EATLY 17 TUI	0 2077	B Ban a	2/12 VI W	PIINIO	1/ 10/	



VS 150-REV. 1/1/68



	AME OF DEC				2. DATE	AND HOUR OF DEATH	
		Lee Louis Car			5-4	-70	9:30 A
3. PL	LACE IN BAI	LTIMORE, MARYLAND, W	HERE PRONC	DUNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. COL		nstitution: residence before admission
HOS	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITATION)	TUTION, GIVE STREET	Maryland c. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
9	10				Baltimore E. STREET AND NUMBER		YES NO
Bol	Lton Hi	11 Nursing &	Convale	scent Center	310 K Freemo	unt Avenue	
5. SE	EX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 F. Months! Doys Hours! Min.
Ma	ale	Negro	WIDOWED	DIVORCED _	5-5-1911	58	
			108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUN
		loyed			Norht Carolin		USA
. J. r							
		kown			Unkown	1	
Yes,	Vos Deceoses, no or unknown	d Ever in U. S. Armed For	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	es	Ware # 2		719-01-7506	Nursing Ho	ome Records	
1	18. 149	X		CAUSE OF DEAT	Н		BETWEEN ONSET AND DE
						<i>U</i> .	
	DISEASES	asthenia, etc. 11 means mplicotian which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave couse (A) G CONDITION lost.	l death.) ; any, giving	(B)	A CONSEQUENCE OF:		
TION	DISEASES iise la Ih UN DERLYIN OTHER SIGNI	ANTECEDENT CAUSES OR CONDITIONS, if the abave couse (A) G CONDITION lost. Il FICANT CONDITIONS CO TH BUT NOT RELATED TO T	I death.) any, giving stolling the ontributing the terminal	(B) DUE TO, OR AS	A CONSEQUENCE OF:		
ATION	DISEASES IN THE PROPERTY OF THE PER PER PER PER PER PER PER PER PER PE	mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION lost. FICANT CONDITIONS CO	any, giving stolling the stolling the stolling the stolling the stolling the stolling that it is a stolling to stolling the stolling to stolling the stolling to stolling the stolling that is a stolling to stolling the stolling that is a stolling that it i	(B)	A CONSEQUENCE OF:		FINDINGS CONSIDERED
AL CERTIFICATION	DISEASES IN THE PROPERTY OF THE PER SIGNITO THE DEAD DISEASE OF COMPANY OF THE PER SIGNITO THE DEAD DISEASE OF CONTRIBUTE OF CON	ANTECEDENT CAUSES OR CONDITIONS, if the abave couse (A) G CONDITION lost. II FICANT CONDITIONS CO TH BUT NOT RELATED TO 74 ECONDITION GIVEN IN 74 F OPERATION 1198. CON	any, giving stolling the stolli	(B)	A CONSEQUENCE OF:	Nol 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
MEDICAL CERTIFICATION	DISEASES IN THE PROPERTY OF THE PER SIGNITO THE DEAD DISEASE OF COMPANY OF THE PER SIGNITO THE DEAD DISEASE OF CONTRIBUTE OF CON	ANTECEDENT CAUSES OR CONDITIONS, if the abave couse (A) G CONDITION lost. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER	any, giving slotling the state of the state	(B)	20 A. AUTOPSY? (Yes or in or obout 121 C. WHERE DID ffice bldg., 121 F. HOW DID 1	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
MEDICAL CERTIFICATION	DISEASES ISSE IS ISSE IS ISSE IS ISSE IS ISSE	ANTECEDENT CAUSES OR CONDITIONS, if the abave couse (A) G CONDITION lost. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 179B. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)	any, giving stoling the stoling the stoling the stoling the stoling the stolen tension of the stolen tension o	(B) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., image, form, foctory, street, of colors) E. INJURY OCCURRED hile At Not While ork	20 A. AUTOPSY? (Yes or in or obout 121 C. WHERE DID ffice bldg., 121 F. HOW DID 1	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATION	DISEASES itse to the UN DERLYIN OTHER SIGNITO THE DEAD DISEASE OR CO19A. DATE OF CONTRIB DEATH (notification) and the University of the U	ANTECEDENT CAUSES OR CONDITIONS, if the abave couse (A) G CONDITION lost. FICANT CONDITIONS CONTH BUT NOT RELATED TO TO THE CONDITION GIVEN IN PARTY OF THE CONDITION GIVEN IN THE CONDITION GIVEN IN THE CONDITION GIVEN	any, giving stoling the Stolin	(B) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., image, form, foctory, street, of colors) E. INJURY OCCURRED hile At Not While ork	20A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	No) 20B. 1F YES, WERE IN CERTIFYING CA (If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH? The City, give exact location in the constant in the cons
MEDICAL CERTIFICATION	DISEASES iise la Ih UN DERLYIN OTHER SIGNI TO THE DEA DISEASE OR (19A. DATE OF OR CONTRIB DEATH (notify (APPROX.) 22. 1 certify that (1) (weither)	ANTECEDENT CAUSES OR CONDITIONS, if the abave couse (A) G CONDITION lost. II FICANT CONDITION S CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER WAS UNDERLYING UTING CAUSE OF The medical examinet (Month) (Doy) (Year) That (1) (this haspital) last saw the decease	any, giving stoting the stocing the stoting the stoting the stocing the stocin	(B) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., i me, form, foctory, street, of the control of the control of the control of the deceased from the control of the deceased from the deceased fro	20 A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID INJURY OCCUR? 21 F. HOW DID 1	No) 20B. IF YES, WERE IN CERTIFYING CA (If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH? The City, give exact location in the constant in the cons
MEDICAL CERTIFICATION	DISEASES iise la Ih UN DERLYIN OTHER SIGNI TO THE DEA DISEASE OR (19A. DATE OF OR CONTRIB DEATH (notify (APPROX.) 22. 1 certify that (1) (weither)	ANTECEDENT CAUSES OR CONDITIONS, if the abave couse (A) G CONDITION lost. II FICANT CONDITION S CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PART FOPERATION 19B. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examines (Month) (Doy) (Year) that (1) (this haspita) last saw the decease d fram the causes sta	any, giving stoting the stocing the stoting the stoting the stocing the stocin	(B) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., i me, form, foctory, street, of the control of the control of the control of the deceased from the control of the deceased from the deceased fro	20A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	No) 20B. IF YES, WERE IN CERTIFYING CA (If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH? The City, give exact location in the constant in the cons
MEDICAL CERTIFICATION	DISEASES iise la Ih UN DERLYIN OTHER SIGNI TO THE DEA DISEASE OR C 19A. DATE OF OR CONTRIB DEATH (notif) 21A. ACCIDE OF INJURY (APPROX.) 22. I certify that (I) (we) and haur an	ANTECEDENT CAUSES OR CONDITIONS, if the abave couse (A) G CONDITION lost. II FICANT CONDITION S CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PART FOPERATION 19B. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examines (Month) (Doy) (Year) that (1) (this haspita) last saw the decease d fram the causes sta	any, giving stoting the stocing the stoting the stoting the stocing the stocin	WHICH OPERATION B. PLACE OF INJURY (e.g., ime, form, foctory, street, of child at Work E. INJURY OCCURRED hile At Not While ork At Work The deceased from (1) (We) (did) (did nat) we have	20A. AUTOPSY? (Yes or fine or obout 21 C. WHERE DID fine bidg., INJURY OCCUR? 21F. HOW DID 1 19 23 and view the bady after death	No) 20B. IF YES, WERE IN CERTIFYING CA (If in Boltimo NJURY OCCUR? 19 22 ta that in (my) (aur) ap h. Stoff	FINDINGS CONSIDERED AUSES OF DEATH? The City, give exact location and the security of the consideration and the c
MEDICAL CERTIFICATION	DISEASES itse to the UN DERLYIN OTHER SIGNITO THE DEAD DISEASE OR (C) 19A. DATE OF THE DEATH (notification) (APPROX.) 21.A. ACCIDE OR CONTRIB DEATH (notification) (APPROX.) 22. 1 certify that (1) (we and haur and haur and haur and haur and haur and mazza. Signation)	ANTECEDENT CAUSES OR CONDITIONS, if the abave couse (A) G CONDITION lost. FICANT CONDITIONS CONTROL OF CONDITION GIVEN IN PARTY OF PERATION 178. CONDITION GIVEN IN PARTY OF CAUSE OF y medical examinet) (Month) (Day) (Year) That (1) (this haspital) last saw the decease of from the causes stalled.	any, giving stoting the stocing the stoting the stoting the stocing the stocin	WHICH OPERATION B. PLACE OF INJURY (e.g., imp., form, foctory, street, of c.) E. INJURY OCCURRED hile At Not While At Work the deceased from the deceased	20A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? 21 F. HOW DID 1 19 2 and view the bady after deathers.	No) 20B. IF YES, WERE IN CERTIFYING CA (If in Boltimo NJURY OCCUR? 19 22 ta that in (my) (aur) ap	FINDINGS CONSIDERED AUSES OF DEATH? The City, give exact location and the security of the consideration and the c
MEDICAL CERTIFICATION	DISEASES iise la Ih UN DERLYIN OTHER SIGNI TO THE DEA DISEASE OR C 19A. DATE OF OR CONTRIB DEATH (notif) 21A. ACCIDE OF INJURY (APPROX.) 22. I certify that (I) (we) and haur an	ANTECEDENT CAUSES OR CONDITIONS, if the abave couse (A) G CONDITION lost. FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PR TO PERATION 198 CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF The medical examinet (Month) (Doy) (Year) That (1) (this haspita I last saw the decease and from the causes sta	any, giving stoting the stocing the stoting the stoting the stocing the stocin	WHICH OPERATION B. PLACE OF INJURY (e.g., ime, form, foctory, street, of the control of the deceased from the deceased	20A. AUTOPSY? (Yes or fine or obout 21 C. WHERE DID fine bidg., INJURY OCCUR? 21F. HOW DID 1 19 23 and view the bady after death	No) 20B. IF YES, WERE IN CERTIFYING CA (If in Boltimo NJURY OCCUR? 19 22 ta that in (my) (aur) ap h. Stoff	FINDINGS CONSIDERED AUSES OF DEATH? The City, give exact location and the similar death accurred and the similar death accu
MEDICAL CERTIFICATION	DISEASES iise la Ih UN DERLYIN OTHER SIGNI TO THE DEA DISEASE OR (1907) 21A. ACCIDE OR CONTRIB DEATH (notif) (APPROX.) 22. 1 certify that (1) (we) and haur an 23A. SIGNATI	ANTECEDENT CAUSES OR CONDITIONS, if the abave couse (A) G CONDITION lost. II FICANT CONDITIONS CONTH BUT NOT RELATED TO TOWN IN PART OF PERATION 178. CONDITION GIVEN IN PART OF OPERATION (Month) (Doy) (Year) That (1) (this haspital in the causes stand from the causes standard from the cause	any, giving stolling the stolli	WHICH OPERATION B. PLACE OF INJURY (e.g., imp., form, foctory, street, of c.) E. INJURY OCCURRED hile At Not While At Work the deceased from the deceased	20A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID 1 19 2 and view the bady after death of the bldg. Med. Director 223D. ADDRESS	No) 20B. IF YES, WERE IN CERTIFYING CA (If in Boltimo NJURY OCCUR? 19 22 ta that in (my) (aur) ap h. Stoff	FINDINGS CONSIDERED AUSES OF DEATH? The City, give exact location and the similar death accurred and the similar death accu
MEDICAL CERTIFICATION	DISEASES itise to the UN DERLYIN OTHER SIGNITO THE DEAD DISEASE OR CO 19A. DATE OF 19A. SIGNATION OF 19A. DATE OF 19A. SIGNATION OF 19A. SIGNATION OF 19A. SIGNATION OF 19A. DATE OF 19A. SIGNATION OF 19A. SIGNATION OF 19A. SIGNATION OF 19A. DATE OF 19A. SIGNATION OF 19A. SIGNATIO	ANTECEDENT CAUSES OR CONDITIONS, if the abave couse (A) G CONDITION lost. II FICANT CONDITIONS CONTH BUT NOT RELATED TO TOWN IN PART OF PERATION 178. CONDITION GIVEN IN PART OF OPERATION (Month) (Doy) (Year) That (1) (this haspital in the causes stand from the causes standard from the cause	any, giving stolling the stolli	WHICH OPERATION B. PLACE OF INJURY (e.g., image, form, foctory, street, of the control of the deceased from the decease	20A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID 1 19 2 and view the bady after death of the bldg. Med. Director 223D. ADDRESS	No) 20B. IF YES, WERE IN CERTIFYING CA (If in Boltimo NJURY OCCUR? 19 22 ta that in (my) (aur) ap h. Stoff	FINDINGS CONSIDERED AUSES OF DEATH? The City, give exact location in the second death accurred an the second death accurred and the second death accurred and the second death accurred d

Fremont Ave.

BALTIMORE CITY H	EALTH DEPARTMENT	
	CERTIFICATE OF DEATH REG. NO	0 4735
BIRTH NC.		
1. NAME OF DECEASED (Type or Print) RICHARD ERIC DIX	2. DATE Known Month Day Y. OF Estimated	ear Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		ear Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD May 3, 1970	12:19 A.
LUTHERAN HOSPITAL	A. STATE Maryland B. COUNTY	ence before admission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIM	ITS?
Male Negro WIDOWED DIVORCED	Raltimore	NO 🗆
9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. 11 Under 24 Hrs	. E. STREET AND NUMBER	
5/28/54 last birthdoy) 15 Months Days Hours Min.	1440 Presstman Street	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Maryland AA.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTR	Richard Dix	
dane during mast of working lile, even il retired)		
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Doris M. Garrison 18. INFORMANT ADDRES	S
Yes, na or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs. Doris M. Dix 1440 Pre	getman St.
19. CAUSE OF DEA		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Multipl	le traumatic injuries	BETWEEN ONSET AND DEATH
LEADING TO DEATH (A)IMMEDIATE	CAUSE	
heart lailure, osthenio, etc. It means the disease,	AS A CONSEQUENCE OF:	
Injury or complication which caused deoth.)		
ANTECEDENT CAUSES (B)		
	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		*********************
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. A	AUTOPSY? (Yes ar Na)
2		yes
22A. EXTERNAL CAUSE WAS UNDERLYING ◯ OR CONTRIB- 22B. PLACE OF INJURY (e.g., home, farm, factory, street, officery, street).	, in ar obout 22C. WHERE DID (II in Baltimare City, give exoct locate bldg., etc.) INTURY OCCUR? 2700 Block W. North Avenue	ion) 506
UTING CAUSE OF DEATH. Street ≥ 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	2700 Block W. North Avenue	7500
OF INJURY (APPROX.) 5-3-70 12:00 A.M.?m. WHILE AT WORK AT WORK	Pedestrian struck by hit ar	nd run driver
23.		
	and that on this basis, death in my apinio	an
resulted from: Natural causes Accident Suici	de Hamicide Undetermined manner	
ACTUAL CARE	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D. EXAMINER'S Rissell S. Fisher M.D.		5/4/70
NAME (Type)	ASSOCIATE MEDICAL EXAMINER	3/4//0
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specily)	or CREMATORY 24D. LOCATION (City, town, or co	unty) (State)
Burial 5/6/70 Balto Nati		
25A. DATE REC'D BY HEALTH DERT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRES	
S 151-REV. 1/1/68	Wm C March 928 E. North	Ave.
3 131-ncv. 1/1/00		6

mid Brancati mesimal . almou 5/5/70 Palto Dations; Com. Balto., 15. THE PERSON OF SECTION AND ADDRESS.

1 1 70 4736 BALTIMORE CITY HEALTH DEPARTMENT

70	4736
	00

BIE	4-16 RTH NO.	5	MED	PICA	LEXA	MINE	R'S C	CERTIF	ICATE O	F DEAT	H REG. NO		0 47	736
	NAME OF DE	CEASED		1				2. DATE	Known 🔲	Month	Doy	V.	or Hnyr	
	oe or Print)	_	NEUMAN	ABRA	MS			OF DEATH	Estimoted [Doy		ior innur	M.
4.	PLACE IN BA	LTIMORE, A	ARYLAND, V	VHERE P	RONOUN	CED DEAD		3. DATE		Month	Doy	Ye	eor Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)					RESIDENCE (Wh	_	5,1970	on: rasida		:40 A.				
3			PKINS HO	OSPIT	AL	18 T		A. STATE	Mary1		B. COUNTY		83.	3
6.	SEX	7. RACE		B. MAR	RIED N	EVER MARE	RIED .	C. CITY O	RTOWN		D. INSIDE	CITY LIM	ITS?	
	Male		egro		WED 🗌	DIVOR			Ltimore		,	YES 🗌	NO 🗆	
	DATE OF BIRT	TH	lost birthdo	y)		Yr, If Under Doys Hours			B E. Oliv	or Stro	ot			
	BIRTHPLACE	State or loss	alan country	20	12. CITIZ	ENIOE			R'S NAME	er pric	Ec			
	Marylar		eigh country)			COUNTRY	17		B. Abr	om a				
			ive kind of work	148. KIN	D OF BUSI	NESS OR II	NDUSTRY		ER'S MAIDEN N					
	eduring most of	working life,	even ifretired)											
	Steel					em Sto	eel		s L. Pe	rson				
16. (Ye:	WAS DECEAS	SED EVER II	N U.S. ARMED wor or doles	of service	5? 17.	SOCIAL SECURITY I	NO.	IB. INFOR	MANI			ADDRES	\$	
li.	No				2			b Mrs	. Doris	March	2638	E.	Oliver	St.
	19.	C C 3/				CAUSE	OF DEA	TH		FOURTH			APPROXIMATE	
	DISTA		IDITION DIRE	CTIV		Gu	nshot	t wound	d of Abdo	men			SETTINGE OF SE	AND POATE
	DISEA	LEADING	IDITION DIRE	CILI										
	heart follure	not meon the, osthenio, e	e mode of dy	diseose,			TO, OR		QUENCE OF:					
	injury or co	трисопон w	hich coused de	oin.)										
		NIECEDEN	TONS, IF ANY	/ GIVING		(B) DUF	TO. OR	AS A CONS	EQUENCE OF:					
	RISE TO TH	IE ABOVE C	AUSE (A) STA	TING THE									Photo.	
2						(c)								
F	OTHER SIG	NIFICANTO	II ONDITIONS C	ONTRIBLE	TING									
CERTIFICATION	TO THE DE	ATH BUT NO	OT RELATED TO	THE TERM	ANAL	*********								
ER	20A. DATE O	F OPERATIO	ON 208. COI	NDITION	FOR WHI	CH OPERA	TION W	AS PERFOR	MED			21. A	UTOPSY? (Ye	s or No)
O	2												yes	
CAI	22A. EXTER	RNAL CAUS			228. PLAC	E OF INJU	JRY (e.g.,	in or obout	22C. WHERE DI	(11 in Boltimo	ore City, give e			
ED	UTING C	AUSE OF DI							2301 E. B			81	24	
Σ	OF INJURY		(Doy) (Yeor			UURY OCC	URRED		22F. HOW DID					
	(APPROX.)	5-5-70	12:00	A.M.	m. WHILE		NOT AT W	WHILE X	Shot dur	ing alt	ercatio	n		
	23. 1 cer	tify that I	held on 1	nquiry] Ins	spection [Au	topsy 🗵	ond that on	this basis,	death in my	y opinie	on	
	resu	Ited from:	Natural cou	ses 🗌	Accid	ent 🗌	Suicid	le 🗆 📙	lomicide X	Undeterm	ined manner			
Е									CHIEF MEDICA	LEXAMINER			DATE SI	CNIED
	SIGNAT						M.D	ASS	SISTANT MEDICA	LEXAMINER	X		DAIE 31	GIVED
	EXAMIN NAME (NER'S I	sidore l	Mihal	akis,	M.D.			OCIATE MEDICA	LEXAMINER		5	/5/70	
24.	A. BURIAL CRE	MATION,	24B. DATE		24C. N.	AME of CE	METERY	or CREMAT	ORY 24	D. LOCATION	(City, tov	vn, or co	unty) (S	Stote)
	Burial	7 /	5/9/7	0	Ar	butus	Men	Park	E	alto.,	Md.			
1	A. DATE KEC'E	BY HEALT				REGISTRAR			FUNERAL DIRE			ADDRES	S	
1	MAY 7	1970	المالاسلة لا	" 100	Dey M.	···6,		V	m, C Mar	ch os	28 E. 1	Vont	h Ave	
140								- 4	- Allan	- VA	, J 23 - 1			

John S. Abrana quarter . | almos food a madeluted - mastery for to AND ALTO AND ALLOW ALLOWS ALLOW THE STATE OF . by w.osins | same red arough - DY 044 And the town . T age of the town to the

VS 150-REV. 1/1/68



Arbutus Memorial Pk.

25C, FUNERAL DIRECTOR

ORTON & DYETT FUNERAL HOME

258. NAME OF REGISTRAR

Baltimore, Maryland

ADDRESS

1701 Laurens

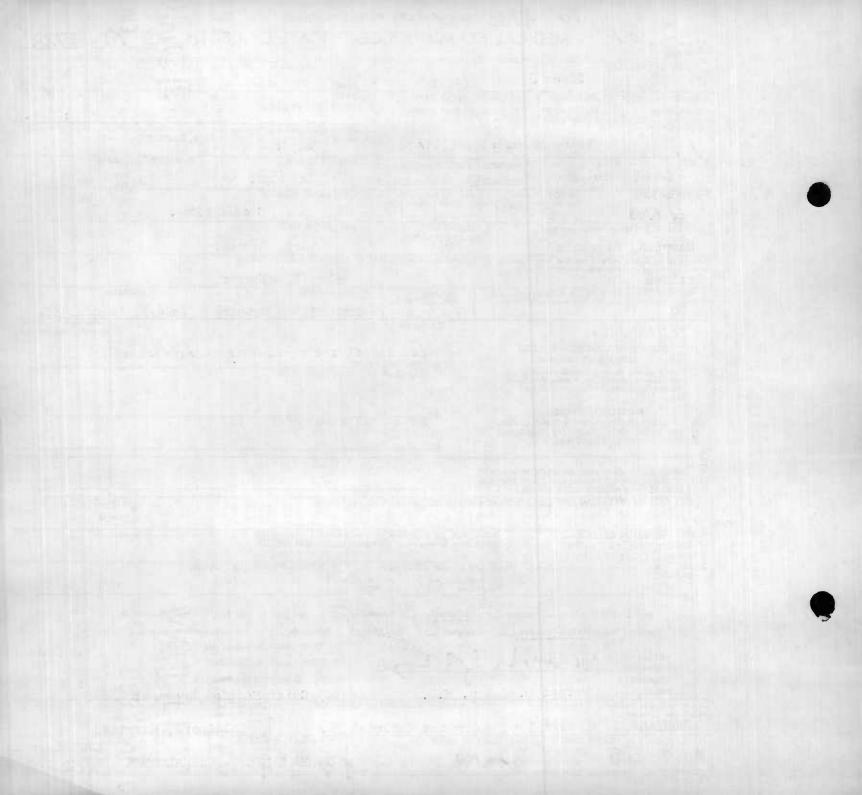
Balto 17,

BURIAL

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

5/6/70



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. a hospital and This certificate must be approved by the chief medical examiner or his assistant if death occurred in IMPORTANT FUNERAL DIRECTOR:

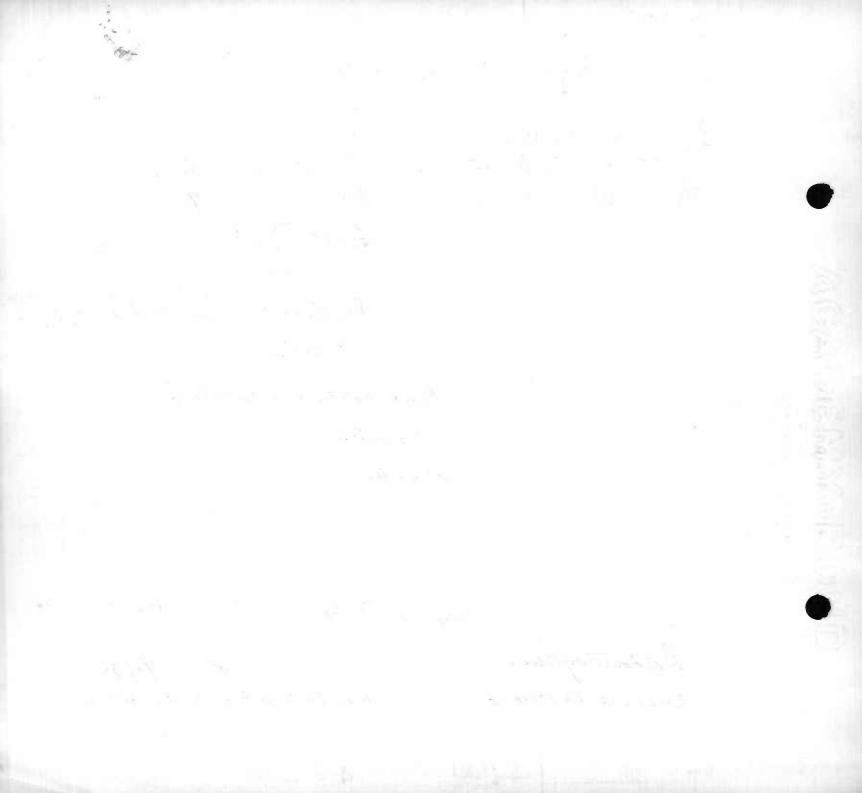
S. PACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD	O Under 24 Hrs. lours Min. /HAT COUNTRY?
1. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD 1. STATE 1. STAT	o [] O [] If Under 24 His. lours Min.
Institution	If Under 24 Hrs. Min. HAT COUNTRY?
Baltimore, Maryland 21217 S. SEX Baltimore, Maryland 21217 S. SEX Female Negro To A. Markied Never Mark	If Under 24 Hrs. Min. HAT COUNTRY?
Temale Negro Widows Never Markited Never Markit	HAT COUNTRY?
10. SUSAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY Dept. Of Education 13. FATHER'S NAME John Roy 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of sorvice) No. 16. SOCIAL SECURITY NO. 229-36-1335 Mr. Joseph C. Brown- Husband CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made all dying, e.g., heart foilure, asthenia, etc. If means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise la the abave cause (A) stailing the UNDERLYING CONDITIONS (I any, giving rise la the abave cause (A) stailing the UNDERLYING CONDITION last. (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION IN PART I (A).	1.
13. FATHER'S NAME John Roy 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dolos of sorvice) No. 16. SOCIAL SECURITY NO. 229-36-1335 Mr. Joseph C. Brown- Husband SOCIAL SECURITY NO. 229-36-1335 Mr. Joseph C. Brown- Husband CAUSE OF DEATH (This does not mean the made all dying, e.g., heart failure, asthenia, etc. If means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the UNDERLYING CONDITION last. (A) IMMEDIATE CAUSE SOCIAL SOCIAL SECURITY NO. DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF RELATED TO THE	
15. Wes Decessed Ever in U. S. Armed Forces? No. 16. SOCIAL SECURITY NO. 229-36-1335 Mr. Joseph C. Brown- Husband SECURITY NO. 229-36-135 Mr. Joseph C. Brown- Husband SECURITY NO. 229-36-1335 Mr. Joseph C. Brown- Husband SECURITY NO. 249-36-1335 Mr. Joseph C. Brown- Husband SECURITY NO. 259-36-1335 Mr. Joseph C. Brown- Husband SECURITY NO. 260-36-1335	5
No. SECURITY No. 229-36-1335 Mr. Joseph C. Brown- Husband S. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made at dying, e.g., heart failure, asthenia, etc. it means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION (ast.) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	3
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made al dying, e.g., heart failure, asthenia, etc. it means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last. (A) IMMEDIATE CAUSE Vectors for the province of th	AME
WAS PERFORMED 20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDE	
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C, WHERE DID (it in Rollimore City, give event less	
OR CONTRIBUTING CAUSE OF home, foctory, street, office bldg., INJURY OCCUR?	otion)
21D.TIME Month) Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While At Work At Wor	
22. I certify that (I) (this hospital) attended the deceased from April 25, 19 70 to May 4,	1970
that (I) (we) last saw the deceased alive on May 4; 19 70 and that in(my) (our) opinion death accurrent	ed an the date
and haur and from the causes stated above. (1) (We) (did) (did nat) view the body ofter death. 23A. SIGNATURE Attending Med. Director Phys. 5-5-70	
23C.PHYSICIAN'S NAME (Type) Henry C. Welcome, M. D. 1106 Harlem Avenue Balto., Maryla	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)	
Rose Hill Cemetery Mannasas, Va. 25A, DATE REC'D BY HEALTH DEPT. 255, NAME OF REGISTRAR MORTON & Dyett 1701 Laurens St.	



IMPORTANT

DIRECTOR:

FUNERAL



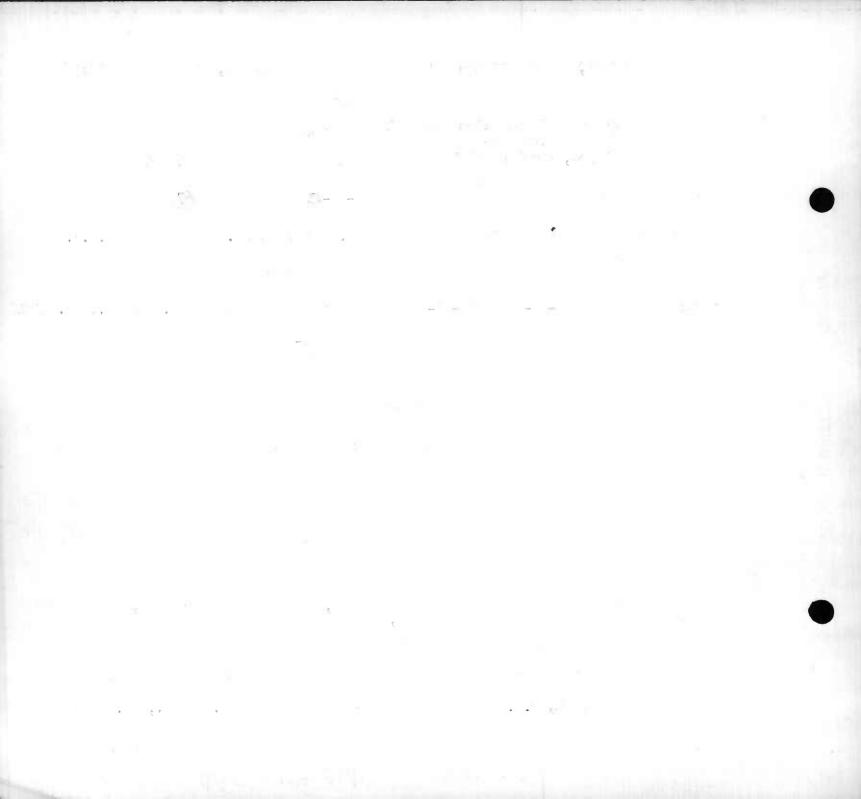
VS 151-REV. 3/1/68

5/11/70 - not at work - M E. epon office zraplione

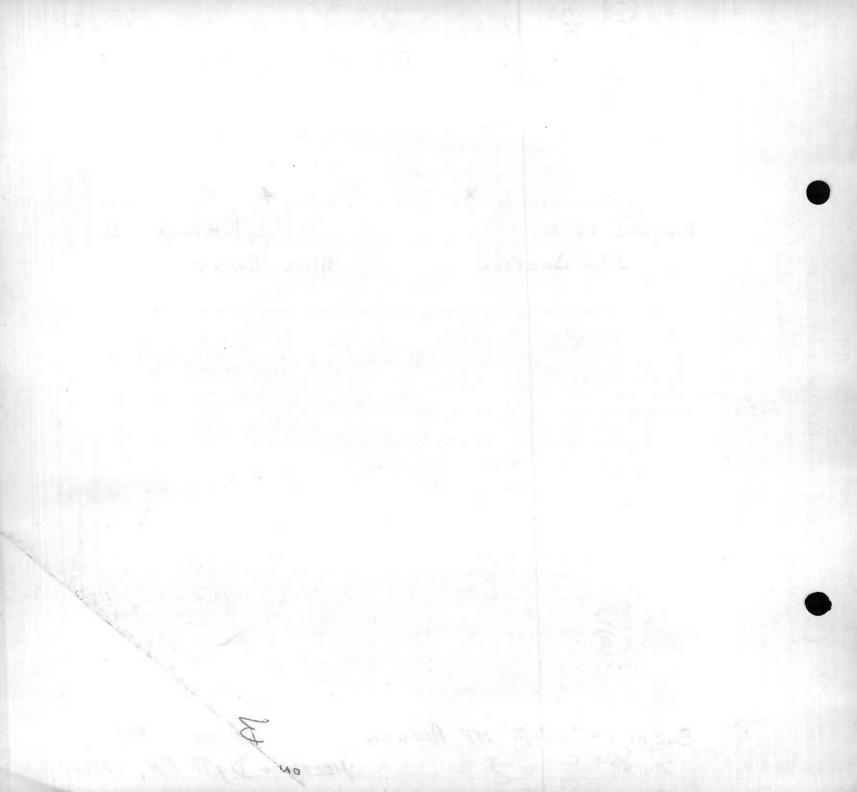
G-345 70 4742 CERTIFICATE OF DEATH REG. NO. 70 4742							
1. NAME OF DECEASED (Type or Print) NAVER LY CATLING 5/4/70 5							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, It institution: tesidence before admissing the property of t							
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION!							
LINCOLN MEMORIAL NURSING HOME BALTIMONE VES NO							
E. STREET AND NUMBER							
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yoors If Under 1 Yr., If Under 24 I							
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 5. DATE OF BIRTH NEGRO WIDOWED DIVORCED 5/6/97 9. AGE (in yours lost birthdoy) Months Doys Hours Min							
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN							
done during most of working life, even if refired) 21 KNOWN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 21. CHIZEN OF WHAT COUN 15. WAR NOWN 16. SALLIE SALLIE BANCH							
13. FATHER'S NAME							
UNKNOWN (Thomas Gathing) Sallie Banch							
15. Was Decoosed Ever In U. S. Armed Forces? (Yes, no or unknown) Uf yes, give wor or dotos of service) 16. SOCIAL SECURITY NO.							
UNKNOWN 098-14-5300 A Mrs. Marion J. Blake 3906 Forest Fork							
18. 4 10. 9 CAUSE OF DEATH APPROXIMATE INTERVA							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE CONSTRUCTION OF AS A CONSTRU							
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)							
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:							
THE DEBUGG CONDITION IN							
UNDERLING CONDITION lost, (C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOTRELATED TO THE TERMINAL							
S DISEASE OR CONDITION GIVEN IN PART I (A).							
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED							
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?							
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? (If In Boltimore City, give exact location) hame, farm, factory, street, affice bidg., INJURY OCCUR? etc.)							
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examined) 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID land, in Boltimore City, give exact location) DEATH (notify modical examined) 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID land, in Boltimore City, give exact location) DEATH (notify modical examined) 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID land, in Boltimore City, give exact location) 21D. TIME (Manih) (Day) (Yeor) (Haur) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?							
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID long CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID long CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID long COURT (if in Boltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID long COURT (if in Boltimore City, give exact location) 21D. TIME (Manih) (Day) (Yeo) (Haut) 21E. INJURY OCCURRED (21E. HOW DID INJURY OCCURRED)							
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? IN CERTIFYING CAUSES OF DEATH?							
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? IN CERTIFYING CAUSES OF DEATH?							
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? IN CERTIFYING CAUSES OF DEATH?							
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?							
WAS PERFORMED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?							
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?							
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?							
WAS PERFORMED VAS PERFORMED IN CERTIFYING CAUSES OF DEATH?							
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?							
WAS PERFORMED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?							



VS 150-REV. 1/1/68

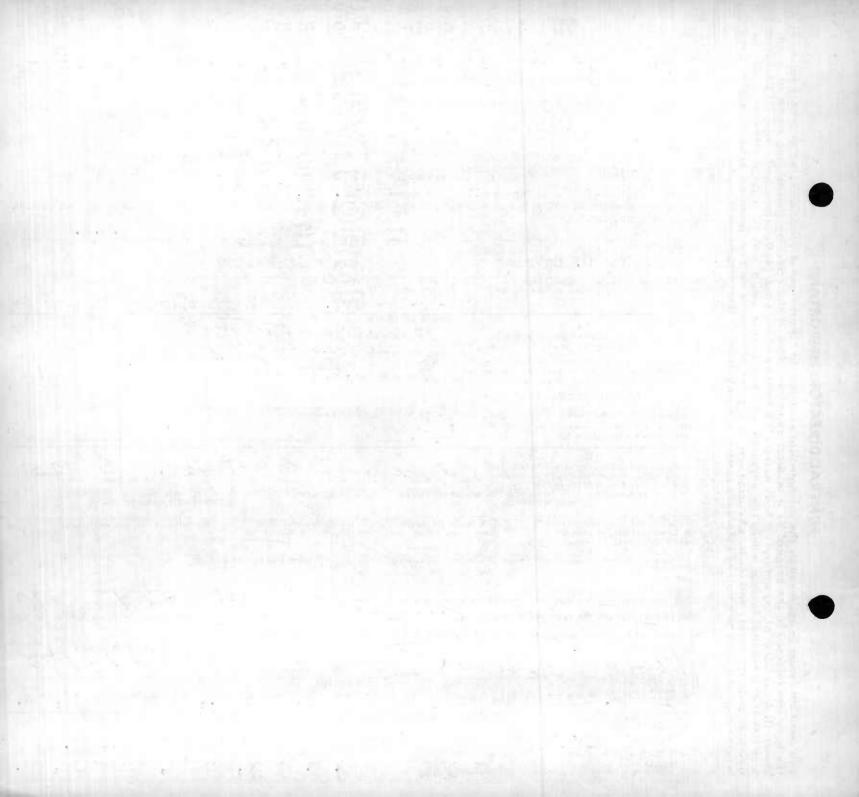


11 11 11	HEALTH DEPARTMENT
BIRTH NO. 10 4744 CERTIFICA	TE OF DEATH REG. NO. 4744
I. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
ADRAMS, LNARIOILE ITIA	TCH 5-3-70 18,45 PM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	1608
	C. CITY OR TOWN D. INSIDE CITY LIMITS?
LUINERAN MOSPILLAND	E. STREET AND NUMBER
LuthERAN HOSPITALOF MARYLAND.	3716Colhapne Ro
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
FEMALE NEARA WIDOWED DIVORCED	109-25-04 lost birthday Months Doys Hours Min.
10A. USUAL OCCUPATION Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY
Domestic Work	PA Pitchurch 115A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Jackson	Alice Owers
15. Was Deceased Ever in U. S. Armed Forces? 116. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	NORMAN THATCH, FRIEND SAME
18. CAUSE OF DEAT	H APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	USE poss: Cerlbral thrombosis
(This does not meon the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease,	A CONSEQUENCE OF Julionary lubolin
injury or complication which coused death.)	To Barren 34 days
ANTECEDENT CAUSES (B) Stype	reeswe Caretto valency
DISEASES OR CONDITIONS, if ony, giving DUE TO OR AS	Llan Anlane
UNDERLYING CONDITION losi. (C)	War gusse
Z	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	,
DISEASE OF CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFFING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home form foctory street of	in or about 21 C. WHERE DID (If in Boltimore City, give exact location) Iffice bldg, INJURY OCCUR?
DEATH (notify medical examiner)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work Not While At Work	
22. I certify that (1) (this haspital) attended the deceased fram,	3/29/1970 to 5/3/1970
that (1) (we) last sow the deceased alive on 5/3/	
and hour and from the couses stated above. (1) (We) (did) (did nat)	
23A. SIGNATURE	23 B. DATE SIGNED
dubash (Ahya . M.) OEGREE Phy	ending Med. Staff Phys. Director Phys.
	23D/ADDRESS
SUBASH C. AHUJA M.D OEGREE	Lutheran Hosp. MD. (Balk)
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City, town, or county) (Stote)
BURIAL 5-1-10 MT. HUBURA	V PAHo. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	MODETONOL DUETT F.H. 1701 LAMRENS



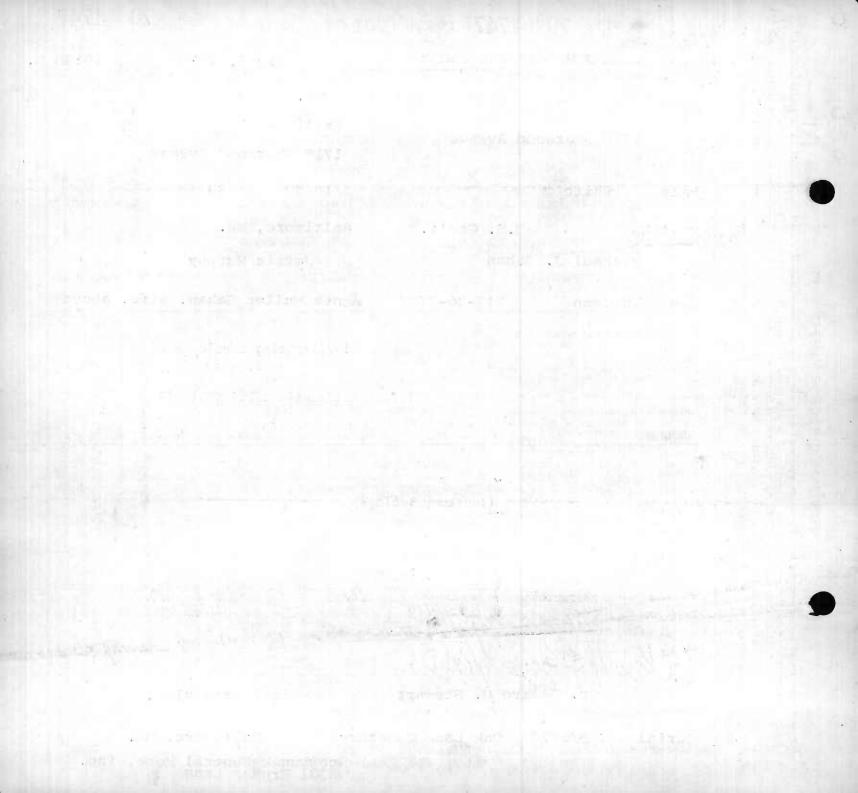
Gurner 4/7/14 Louden Fine Cometon Buchman - 111

Simple con family dies to the Server and

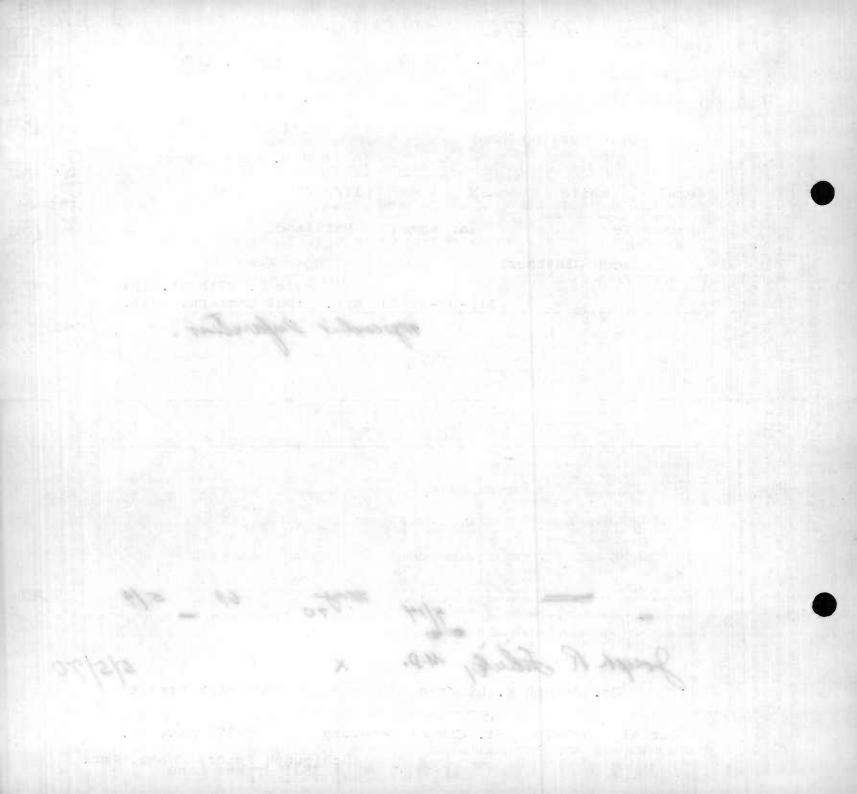


VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/6B



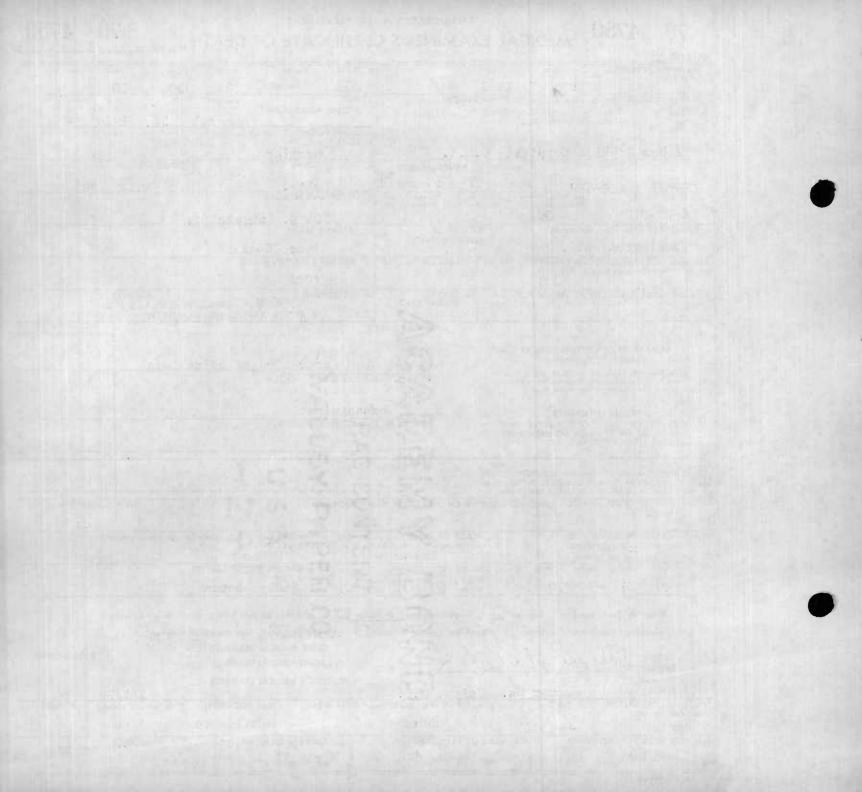
M-620 70 474	40	TE OF DEATH	g. No. 70 4749		
1. NAME OF DECEASED (Type or Print) MEYERS, Harry H.		2. DATE AND HOUR (5-3-70			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR FULL NAME OF ADDRESS OR LOCATION! INSTITUTION Veterans Administra 3900 Loch Raven Bou Baltimore, Maryland	nstitution, GIVE STREET ation Hospital alevard	A. STATE B. COUNTY New Jersey C. CITY OR TOWN Atlantic City E. STREET AND NUMBER A USUAL RESIDENCE IWhere deceosed lived. It institution: residence before admission and the statement of th			
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In lest birthdo 67	years If Under 1 Yr If Under 24 Hrs		
10A USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working life, even if retired) Chauffer 13. FATHER'S NAME Charles Meyers		Philadelphia, Pa. 14. MOTHER'S MAIDEN NAME Ida Bull	12. CITIZEN OF WHAT COUNTRY U. S. A.		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) of yes, give war ar dates af serv Yes 4-29-20 to 2-11-2		17. INFORMANT VA Hospital Baltimore, Maryland			
Injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, give is a lotter obove cause (A) stating UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERM!	the (c) Chronic	le aspiration secretic A CONSEQUENCE OF: De brain syndrome Cy infection/leg amput			
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION 19B CON	for which operation ed atherosclerosi	20A AUTOPSY? (Yes or No) 20B, IF Y IN CERTI	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH?		
ZIA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exomlace) ZID. TIME (Month) (Doy) (Yeor) (Haur) OF INJURY (APPROX.)	218. PLACE OF INJURY (e.g., inhame, farm, factory, street, of etc.) 21E. INJURY OCCURRED While At Not While At Work	21f. HOW DID INJURY OCCU	In Baltimore City, give exact location)		
22. I certify that (M (this haspital) attend that (M(we) lost sow the deceased alive	ed the deceased from No.	19 70 ond that In 16%)	o May 3, 19 70 (our) opinion death occurred on the date		
ond how and from the course spated obay 23A SIGNATURE 23C. PHYSICIAN'S NAME (Type)	M Degree Phys	nding Med. Staff Phys.	23B. DATE SIGNED 5/5/70		
CARL E. BREDEN		3900 Loch May			
REMOVAL (Specify)	C.NAME of CEMETERY of CRE Loudon National	MATORY 24D. LOCATION	ryland 21218 (City, town, or county) (Stote) Te, Maryland		

· January V = = the state of the state of the state of

ł	110	4750	BALTIMORE CITY HEALTH DEPARTMENT	20
ı	10	4750	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	10

4750

BIRTH NO.	REG. NO.
1. NAME OF DECEASED MAE	2. DATE Knawn Month Day Year Hour
(Type or Print) ETHEL WILLIAMS	OF DEATH Estimoted 4 30 70 8 p m.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	April 30, 1970 8 p M. S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	A. STATE B. COUNTY
Johns Hopkins Hospital D.O.A.	Maryland /205
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Negro WIDOWED DIVORCED	Balto. YES X NO
9. DATE OF BIRTH 10. AGE (in years If Under 1 Yr. 11 Under 24 Hrs.	E. STREET AND NUMBER
6-20-37 lost birthday) Months Doys Haurs Min.	20/ 1 1 2 2 2 2 2
11. BIRTHPLACE(State or loreign country) 12. CITIZEN OF	304 E. Lanvale St.
Washington, D.C. WHAT COUNTRY?	A7 C1-1
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	Alonzo Gaskins
dane during mast of warking life, even if retired	
Laborer	Ethel ?
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes, give wor ar dotes of service) SECURITY NO.	18. INFORMANT 306 E. Lanvale St. 21202
(Yes, na ar unknawn) (If yes, give war ar dates of service) SECURITY NO.	Mrs. Delores Gaskins Johnson
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
1 - 760'A	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(A)IMMEDIATE C	
heart failure, asthenia, etc. It means the disease,	MAXXIX RYEN RESOLX
injury ar camplication which caused death.)	
ANTECEDENT CAUSES (8) E:	xsanguination
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
JOL /	yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (II in Baltimare City, give exact lacation)
UNDERLYING OR CONTRIB- home, form, foctory, street, affice uting Cause of Death.	Unknown
2 22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
I OF INITIRY	WHILE Allegedly beaten
23. 4 1 70 1 m. WORK AT W	ORK Allegedly beaten
	opsy XX and that on this basis, death in my opinion
resulted from: Natural causes Accident Suicid	
1100 101 711	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Werner U . Spitz, M.D.	5/1/70
24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify) Refirming 1 5-0-1070 Mt. Auburn	Baltimore, Maryland
Bfirial 5-9-1970 ML. AUDUTH 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
	2SC. FUNERAL DIRECTOR 1735 Harford PRISS. 21213
MAY 8 19/0 Week & Jaben M.D.	Marshall W. Jones, Jr.
VS 151-REV. 1/1/68	



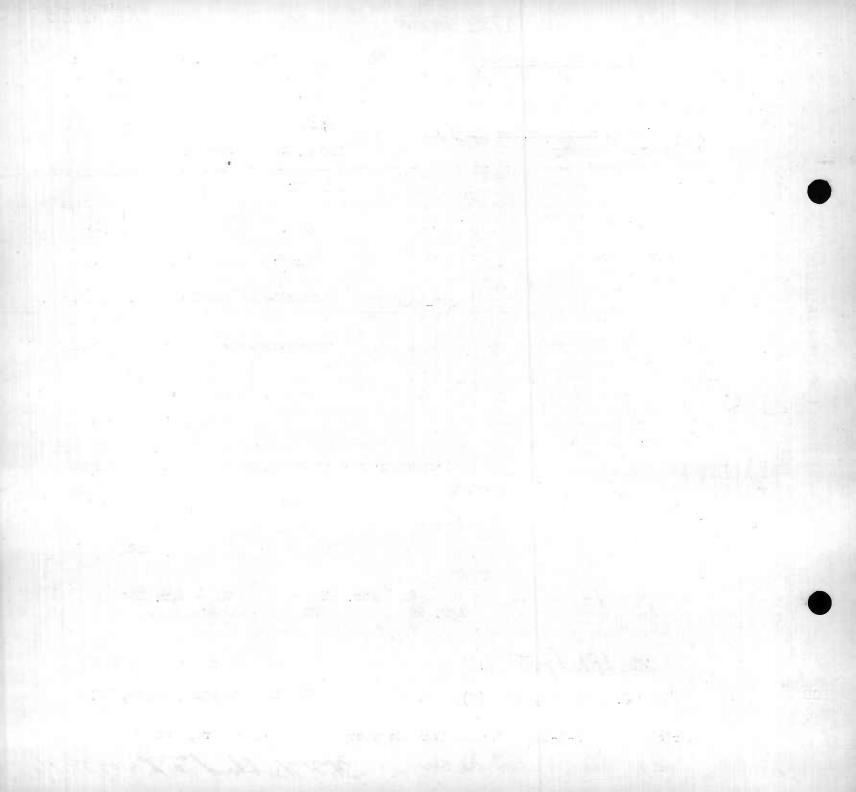
BALTIMORE	CITY HEALTH DEPARTMENT
DIKITI 140.	CATE OF DEATH X REG. NO. 70 4751
1. NAME OF DECEASED (Type or Print) WILLIAMS, HAZEL LOU	MAY 5. 1970 1 6:30AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREE ADDRESS OR LOCATION	
ST. AGNES HOSPITAL	BALTIMORE YES NO
40	E. STREET AND NUMBER 313 WINTERS LANE
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. if Under 24 Hrs.
FEMALE NEGRO WIDOWED DIVORCE	01 17 15 lost birthdoy 55 Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDIdone during most of working life, even if spired)	JSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY
Hausewife	VIRGINIA U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN W. SWAIN	OMA (SMITH) Table Tullians 313Wine
15. Was Doceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or doles of service) SECURITY NO.	17. INFORMANT AVES. BALTIMORE, ADDRESMD. 2122
No CAUGO	ST. AGNES HOSP. RECORDS-CATON & WILKE
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	ECAUSE Gangleni of the Bowls.
(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	R AS A CONSEQUENCE OF:
injury at complication which caused death.	ille due to Congestion heart sailure as
DISEASES OR CONDITIONS, if any, giving DUE TO, C	IP AS A CONSCOURNCE OF
rise to the above cause (A) stating the UNDERLYING CONDITION last.	E CAUSE Congression of the Bowls. RAS A CONSEQUENCE OF: The Bowles of the Bowls. The Bowles of the Bowls. The Bowls of the Bowls. The Bowls of the Bowls. The Bowls of the Bowls of the Bowls. The Bowls of the Bowls of the Bowls. The Bowls of the Bowls of the Bowls.
II II	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
UISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notity medical examines) 218. PLACE OF INJURY (home, lorm, loctory, streetc.)	e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact lacotion) et, alfice bldg., INJURY OCCUR?
210. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	
[[APPROL]	While Wark
22. I certify that (X) (this haspital) attended the deceased fram.	MAY 03 19 70 to MAY 05 19 70
that (X) (we) last saw the deceased alive an MAY 05	19.7.0 and that In(My) (aur) apinian death accurred on the date
and haur and fram the causes stated above. () (We) (did) (did)	at) view the bady after death.
23A. SIGNATURE	Awadia = 238, DATE SIGNED
DEGREE	
23C. PHYSICIANS A. SHAMS, M. D.	CATON & WILKENS AVES. BALTIMORE, MD.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	CREMATORY 24D. LOCATION (City, town, or county) IStote)
73.4. 1 6/0/71 / 1 +	Man Ole halita Waysland
Buriol 3/1/10 anulus	mem if it willing hange
15A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR MAY 8 19/0 Cale E. Jacks A. A.	25C, FUNERAL DIRECTOR ADDRESS

THE STATE OF THE S . 1.2.11 the contract of the second of the first of The state of the s

Vanish of 17 To distantion Them HE distanted Theory

FUNERAL DIRECTOR: IMPORTANT

3			HEALTH DEPARTMENT		TIO ATIES		
BIR		752 CERTIFICA		REG. NO	70 4752		
	AME OF DECEASED			ID HOUR OF DEATH			
(Ty)	Ethel Deloris Llo	yd	Apri	1 25, 1970	11:20 A _{M.}		
FU	PLACE IN BALTIMORE, MARYLAND, WHERE PR LL NAME OF (IF NOT IN HOSPITAL OR II DSPITAL OR ADDRESS OR LOCATION)		4. USUAL RESIDENCE (When A. STATE B. COUN	re deceased live d. If in TY	stitution: residence before odmission)		
HC IN:	STITUTION		c.city or town Baltimore	D. INSI	DE CITY LIMITS?		
X	US Public Health Service 3100 Wyman Parkway	e hospital	210 S. Norris	s Street			
5. 5	EX 6. RACE 7. AAAD	RIED NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years	If Under 1 Yr., If Under 24 Hrs.		
	F W WIDO	WED A DIVORCED	1/10/22	last birthday).	Months Doys Hours Min.		
	USUAL OCCUPATION (Give kind of work 10 B, KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?		
Е	e during most of working life, even if retired) Laborer		Tenn.		USA		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME			
	Aairon Bird		Elizabeth	Hill			
	Was Deceased Ever in U. S. Armed Forces? s, no ar unknown) (If yes, give war ar dates of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	No	413-26-0151	Records_ US	S PHS Hospit	tal, Balto, Md.		
	18.	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH		
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE Carcinomato	sis	Months		
	(This daes nat mean the made of dying, heart failure, asthenia, etc. It means the dis	e.g., DUE TO OR AS	CONSEQUENCE OF:	•••••••••			
	injury ar camplication which caused death.)						
	ANTECEDENT CAUSES	400					
	DISEASES OR CONDITIONS, il any, g	iving DUE TO, OR AS	A CONSEQUENCE OF:	•••••			
	rise la lhe abave cause (A) staling UNDERLYING CONDITION last.			.,			
	11						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	Adenocarcii	noma of right lu	ing	Months		
CERTIFICA	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar Na	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?		
CER	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	yes (If in Baltimare	e City, give exact location)		
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, factory, street, of etc.)	fice bldg., INJURY OCCUR?	(, , , , , , , , , , , , , , , , , , ,	supplies and location)		
EOIC	21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
2	OF INJURY (APPROX.) While At Not While At Work At Work						
	22. I certify that (1)/(this haspital) ottend	led the deceased from M	ar. 22	19 70 to Apr.	25 19 70 ,		
	that (1) (we) last sow the deceased alive			ot in (m/y) (our) opin	nion death occurred on the date		
	and hour and from the causes stated above	ve. (1) (We) (did) (Ajd/njot) v	lew the body ofter deoth.				
	23A. SIGNATURE				23 B. DATE SIGNED		
	Ketery Khelpoll	DEGREE Phys		Shaff X	4/27/70		
	Peter J. Philpott, Sur	4 6	US PHS I	Hospital, Ba	alto, Md.		
24A		DEGREE C. NAME of CEMETERY OF CRE			ty, town, or county) (State)		
_	Burial 5-6-1970	Loudon Park Cemet		timore, Mar			
25A		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Land J. A	7.4107 Wellon		
1/0	150 BCV 1/1/4B						

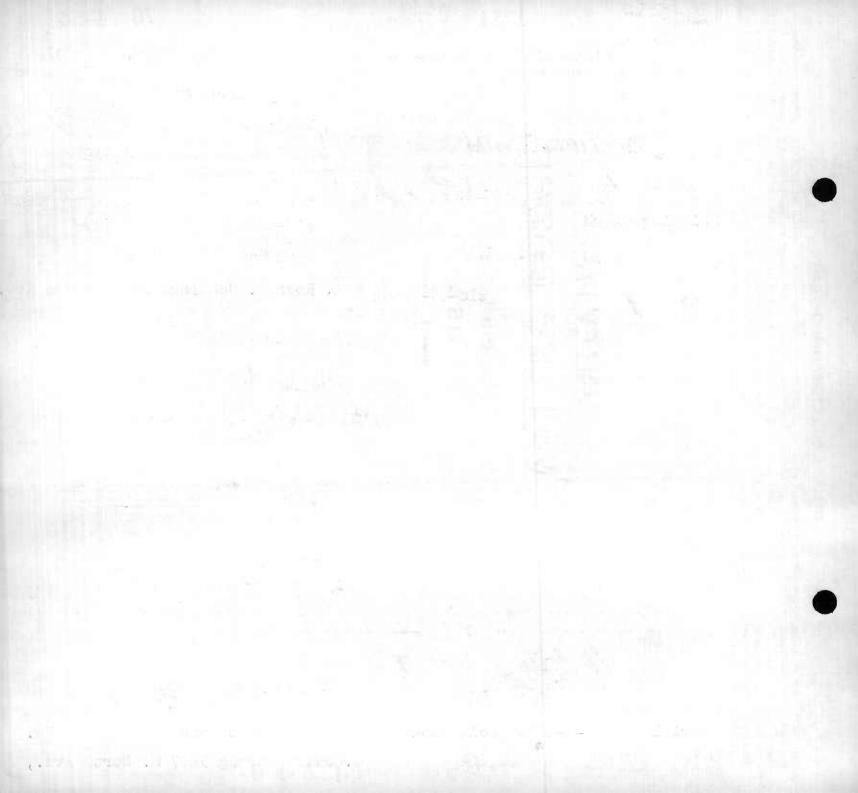


	000	BALTIMORE CITY	HEALTH DEPARTMENT		MO AND TO		
	P-6/2 70 4753	CERTIFICA	TE OF DEATH	REG. NO	70 4753		
	NAME OF DECEASED Po or Print) Ronald E. Propst		2. DATE A	ND HOUR OF DEATH	11		
3.		ICED DEAD	114. USUAL RESIDENCE/IWh		M. stitution: residence before admission)		
FU	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) STITUTION (IF NOT IN HOSPITAL OR INSTITUTION)		A. STATE B. COU	Q.90	DE CITY LIMITS?		
30	University of maryland Hosp	rital	Pasa deno E. STREET AND NUMBER 7967 Oak		YES NO.		
	SEX MARRIED WIDOWED WIDOWED	DIVORCED	8. DATE OF BIRTH 4-7-63	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
104	LUSUAL OCCUPATION (Give kind of work 108, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?		
	Achael Achael	•	Balti me	re, Md.	USA		
13.	Edward Propst	Jr.	Miyako	Kimuria			
15. (Ye:	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	(Luis Melle	.+-	ADDRESS		
-	18.7 0 0 1 1	CAUSE OF DEATI	0.1100				
	DISEASE OR CONDITION DIRECTLY	S	enticomia-		BETWEEN ONSET AND DEATH		
	LEADING TO DEATH	(A) IMMEDIATE CAU	ISE		Lyurs		
	I heart foilure, astheria, etc. Il means the disease.						
	injury ar camplication which caused death.)						
	ANTECEDENT CAUSES	(8) he	pupho son a	Inec.	9 mo.		
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c) Ou As	A CONFEQUENCE OF:	a (ALL)	9mo,		
	11	(0)					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	**************************************	***************************************			
CERTIFIC	19A DATE OF OPERATION 19R CONDITION FOR WH		20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE F	NDINGS CONSIDERED SES OF DEATH?		
CAL	21A. ACCIDENT WAS UNDERLYING 21B. PL OR CONTRIBUTING CAUSE OF DEATH (notify medical examination)	ACE OF INJURY (e.g., in form, foctory, street, of	n or about 21%. WHERE DID	(If to Boltimore	City, give exact location)		
MEDI	21D-TIME (Month) (Day) (Year) (Hous) 21E IN (APPROX.) While Work		21F. HOW DID IN.	JURY OCCUR?			
		At Work	30 1 (0/0	M a.	1970		
	22. I certify that (I) (this hospital) attended the deceased fram Sept 1969 19 to May 1960 19 that (I) (we) last saw the deceased alive an May 5 1970 and that In (my) (aur) apinion death accurred an the date						
	and haur and from the causes stated above. (1) (We) (did) aid not) view the bady after death.						
	23A. SIGNATURE CONTRACTOR	Affei	nding Med.		23B DATE SIGNED		
	23C. PHYSICIAN'S NAME (Typel M Rumack M	D PLOKEE,	23D. ADDRESS Uni Md	Hosp.			
24A	REMOVAL (Specify) 248. DATE 24C.NAM	E of CEMETERY of CRE	MATORY 24D. L	OCATION (City	, town, or county) (State)		
		en Haven	G	lenburnie,	A. A. Co		
25A	AY 8 1970 Pakes E. Jackey 7.	AGISTRAR (125C. FUNERAL DIRECTOR	2	ADDRESS		
10	150 BCW 1/1/4						



FUNERAL DIRECTOR: IMPORTANT

<	3-552 70 4754 CEDITEICA	HEALTH DEPARTMENT	Atty pro B
BIRT	WNO. CERTIFICA	TE OF DEATH Registered No.	4/34
1. N	AME OF DECEASED SO Print) SO HMINKE, RUDOLPH H	2. DATE AND HOUR, OF DEATH	6 PM
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: test	idence before odmission)
H	FULL NAME OF (If not in hospital or institution, give street oddress or location)	C. CITY OR TOWN (If autside city limits, write RURAL and	8 43
11	NSTITUTION MARYLAND GENERAL HOSPITAL	BACTIMORE Med	g.ve to white
	48 BALTIMORE, Md	D. STREET ADDRESS (If rurol, give lacation) 2705 NORTH LOUDON	AUE
. S	EX 6. RACE 7. MARRIED, NEVER MARRIED		1 Yr. If Under 24 Hrs.
JA.	MALE WHITE WIDOWED, DIVORCED (specify) USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	ED 11/29/89 80	
	adving most of wading life, even if refired)	RICHMOND UA WHAT	USAT
3.	FATHERS NAME JOHN SOH-MINKE	14. MOTHERS MAIDEN NAME PANDA STINEMAN	
Yes	Was Deceased Ever in U. S. Armed Farces? In a grunknawn) (If yes, give war ar dates of service) 216-05-92404	Mrs. Rosa H. Schminke 2905	Loudon Av
			ITERVAL BETWEEN NSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Myocardial Infarction	2 WEEKS
	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenio, etc. II means the disease,		AAAAN (999) AAA 84 Q AA 888 88 89 89 89 88 88 89 9
	injury or camplication which caused death.) ANTECEDENT CAUSES (B)	orgentive Reart Failure.	YEARS
	DISEASES OR CONDITIONS, if any, giving	1 1 1 1	- 000
	rise to the abave couse (A) slating the (C)	Kateriora Cordiovanulas	461162
	UNDERLING CONDITION TOST,	Desore	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
ERTIFIC/	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS OF DE	ONSIDERED
L C	21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (natify medical examined) 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)	n ar about 21 C. WHERE DID (If in Baltimare City, give Iffice bldg., INJURY OCCUR?	exact lacation)
	21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
8	(APPROX.) While At Wark At Wark		/
	22. I certify that (I) (this haspital) attended the deceased from	3/26 /19 70 to 5/	5/ 1970
	that (1) (we) lost sow the deceased alive on 5/5	19 70 ong that In (my) (our) opinion death	occurred on the dot
	ond hour and from the causes stated above. (1) (We) (did) (did out)	view the body ofter deoth.	الأسار الإساف
		ending Med. Staff Phys. Director Phys.	SIGNED
	23C. PHYSICIAN'S NAME (Type) # COST MM M.D.	23D. ADDRESS MARYLAND GENERS	AL NOSP
24A	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or	caunty) (State)
B	urial 5-9-1970 Hollywood	Richmond	Va.
25A	AY 8 1970 Bell E. Jaben C. D.	G. Howard Strong 3207 W. No	orth Ave.,
VS	150-REV. 1/1/65		



NAME (Type)

25A. DATE REG'D BY HEALTH DEPT.

24A. BURIAL CREMATION,

REMOVAL (Specify)

VS 151-REV. 1/1/68

Isidore Mihalakis.

24C. NAME of CEMETERY or CREMATORY

Warrenton

258. NAME OF REGISTRAR

24D. LOCATION

Competery Warrenton

Truman Schwab

(City, town, or county)

(Stote)

3512 Frederick Av

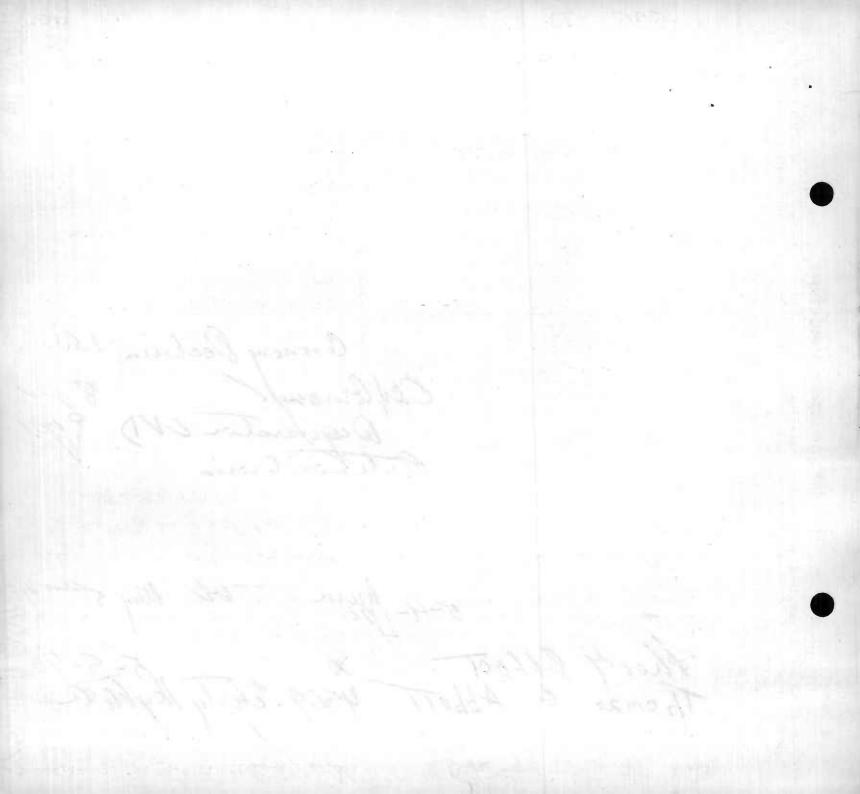
24B. DATE

/8/1970

4-370 - 70 473	BALTIMORE CITY	HEALTH DEPARTMENT		TO AMED	4
7-22-70-07492		TE OF DEATH	REG. NO	70 4756	- !
NAME OF DECEASED HATZISTE	FORES		HOUR OF DEATH		
Type or Print) John H. Hatzistefa	nos	5/5/	70 at 6.0	5 AM	M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A, STATE B, COUNT	deceosed lived. If in	stitution: residence before odm	is sion)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION) N STITUTION	STITUTION, GIVE STREET	Maryland C. CITY OR TOWN	D. INSI	D301	<i>t-</i>
La contraction of the contractio		Baltimo	ore	YES NO	
CHURCH HOME & HOSP	ITAL.	E. STREET AND NUMBER	m Street		
SEX 6. RACE 7. MARK	IED NEVER MARRIED	B. DATE OF BIRTH	. AGE (In years	If Under 1 Yr. , If Under 2	
MALE WHITE WIDOW	VED DIVORCED	5/5/70	NEW BORN	1 3	
OA, USUAL OCCUPATION (Give kind of work 10 B. KINI lone during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COL	JNTRY?
None	None	BALTIMORE	- MERYLAND	U. S. A.	
3. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAM	NE .	Miles Marie III	
	ESTE FANOIS	JEAN A	NDREZY	ONTEXI	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of servi	16. SOCIAL SECURITY NO.	from Chan	rt 8	25 oldham sta	rect
IIB.	CAUSE OF DEATH			APPROXIMATE INTER	RVAL
DISEASE OR CONDITION DIRECTLY	CAUSE OF BEAT			BETWEEN ONSET AND	
LEADING TO DEATH	(A)IMMEDIATE CAU	SE PRE	MATURI	Ty 2hrs.	
(This does not meen the mode of dying, heart failure, asthenio, etc. 11 means the dise injury or complication which caused death.)	e.g., DUE TO, OR AS ,	SE PRE			
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, if ony, gi	ving (B)	A CONSEQUENCE OF:			
rise to the obove couse (A) stoting UNDERLYING CONDITION lost.					
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN					
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?	
19A. DATE OF OPERATION 19B. CONDITION F			IN CERTIFIING CA	USES OF DEATH?	
21 A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B, PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID ince bldg., INJURY OCCUR?	(If in Boltimor	e City, give exoct location)	
21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
OF INJURY (APPROX.)	While At Not While At Work				
22. I certify that (I) (this haspital) attend		-33AM 55/201	0 4 6 5	30AM 5/5/39	
that (1) (we) last saw the deceased alive	1 0 - 1	4 5/5/70 and the			e date
and haur and fram the causes stated abov					
23A. SIGNATURE VMDOSh.	Mikamh mile	nding Med.	Shaff R. Chandelu	23B. DATE SIGNED 5/5/70	
23C. PHYSICIAN'S	OEGREE THY	23D. ADDRESS	0	A	
Dr. V. M. DOSH	Z	Church Home	4 Hosp	ital, Bultino	no
4A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. LC	CATION (Ci	ty, town, or county) (S	tote)
Burial 5 7 70	Holy Cross		Balte. 1d		
	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	יון דער דיי	ADDRESS	
7	And Photos III	1 1000	13	O s. Fort Ave	

1614 Portigal at

1.) FOR TO AM	BALTIMORE CIT	Y HEALTH DEPARTMENT	70 1757
W-520 70 47	OF CERTIFICA	ATE OF DEATH REG. NO	10 4/3/
BIRTH NO. I, NAME OF DECEASED Type or Print) Alfred H. W	lieneke	2. DATE AND HOUR OF DEATH May 5, 1970	11:45 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If A. STATE B. COUNTY	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	STITUTION, GIVE STREET	Maryland	SIDE CITY LIMITS?
4217 Elderon Avenu	e	Baltimore	YES X NO
O O Baltimore, Marylan		6. STREET AND NUMBER 4217 Elderon Avenue	
	NED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 12/8/1898 9. AGE (In years lost birthdoy) 71	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Ret. Analist	B & O	Baltimore, Maryland	U.S.A.
3. FATHER'S NAME	D & O	14. MOTHER'S MAIDEN NAME	U.S.A.
Harry Wieneke		Annie Diebel	
5. Was Deceased Ever in U. S. Armed Forces? Yes, na ar unknawn) (If yes, give war or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	705-05-2268	Martha Wieneke 4217 Elder	on Ave. Balto 15
18. / / / / /	CAUSE OF DEAT		APPROXIMATE INTERVAL
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, girise to the above cause (A) stafing UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATION OF CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CAUSE OF DEATH (notify medical examiner)	ving the (c)	20A. AUTOPSY? (Yes ar No) 20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
21D.TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Work Not Whi Work At Work		
22. I certify that (I) (this haspital) attend		11 Me 19 626	Albert 5 10 17 C
that (1) (as) last saw the deceased alive	E-11		oinian death occurred an the date
and haur and fram the couses stated above	e. (I) (We) (did) (did	view the bady after death.	/
23A STONATURE PLOS Y BIFLE OF BEST OF	GEGREE Phy	ending Med. Staff Director Phys. D	238, DATE SIGNED 5-5-70
4A. BURTAL CREMATION, 24B. DATE 24	ABBOTT DEGREE C. NAME OF CEMETERY OF CR	4509 Jeterly A	Cylch Q (Stote)
Burial 5/8/70	Druid Ridge Ceme	etery Pikesville	Maryland
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS Ly Rd. Randallstown



IMPORTANT

DIRECTOR:

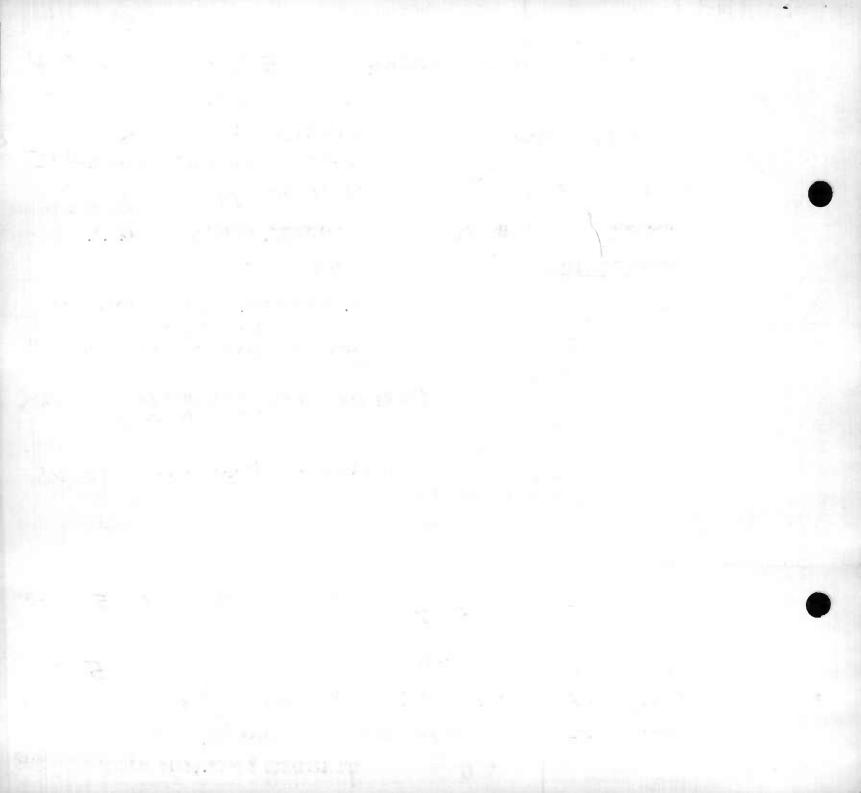
FUNERAL

VS 150-REV. 1/1/68

The property

FUNERAL DIRECTOR: IMPORTANT

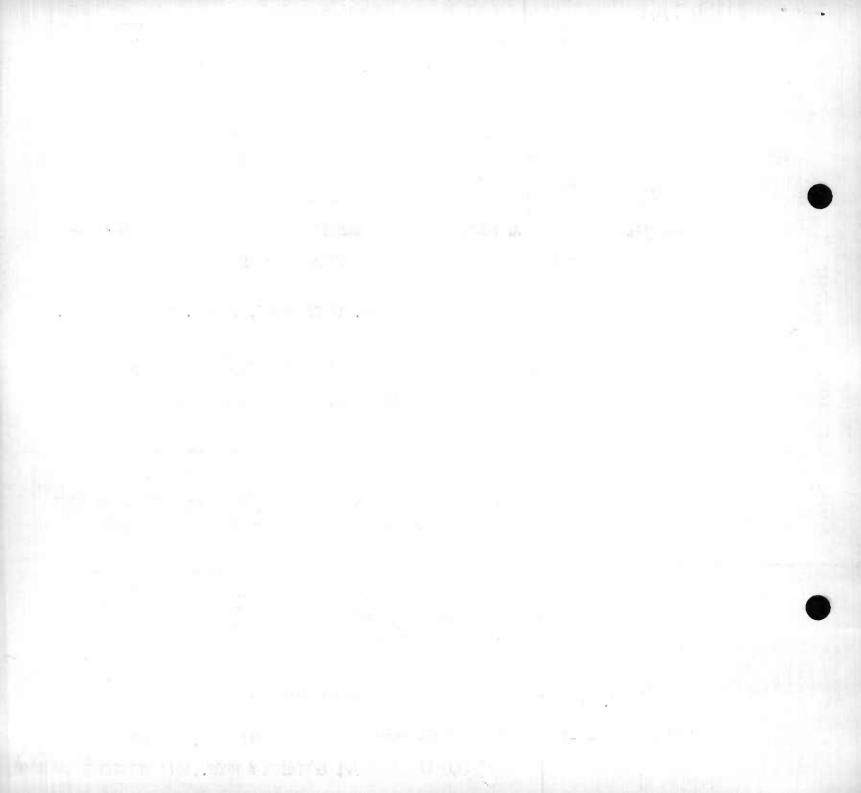
#	BALTIMORE CITY	HEALTH DEPARTMENT
	JIRTH NO. 70 4759 CERTIFICA	TE OF DEATH REG. NO. 70 4759
	TYPO OF PRINT FRIEDLANDER, SARA	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
Н	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	42 SINAI HOSP.	BALTIMOLE YES NO
	7 9	6610 Vincent Laue#15
	FEMACE WILL 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In years of Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
1	OA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY one during most of working life, even it retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	HOUSEWIFE AT HOME	BALTIMORE, MARYLAND U.S.A.
1	3. FATHER'S NAME	BALTIMORE, MARYLAND U.S.A. 14. MOTHER'S MAIDEN NAME
	MORRIS FRIEDLANDER	LEAH ?
0	5. Was Deceased Ever In U. S. Armed Farces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	NO NO	MRS. FRANCES FOX, 3404 HATTON ROAD #21208
	18. 4 / CAUSE OF DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ACCOTE LUCALONICE MAINE
	(A) IMMEDIATE CAU This does not mean the mode of dying, e.g., heat faiture, asthenia, etc. It means the disease, injury ar complication which caused death.)	A CONSEQUENCE OF:
	ANTECEDENT CAUSES ATED	DICLEROTIC CARDIOLAS YEAR
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	DICLERATIC CARDIOLAS YEARS
	nise to the above couse (A) stating the UNDERLYING CONDITION tast. (C)	0136138
1.		
A TIO	(DISEASE OR CONDITION GIVEN IN PART 1 (A).	alsetes yellitus EARS
Chaire	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
14.0	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., In home, form, foctory, sheet, off DEATH (notify medical examiner)	or obout 21 C. WHERE DID (If In Boltimore City, give exect location) injury OCCUR?
10274	OF INJURY (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While At Not While Work At Work	21E HOW DID INJURY OCCUR?
		1-27 19 70 ta 5 - 9 19 70
	that (i) (we) last saw the deceased alive on 5-5-70	19 70 and that in(my) (our) apinian deoth occurred on the date
	and hour and fram the causes stated above. (1) (We) (did) (did not) vi	ew the bady ofter deoth.
	23A/SIGNATURE LLD AHER	238. DATE SIGNED
	DEGREE Phys.	
	23.C. PHYSI CIAN'S NAME (Type) PART (Type)	3D. ADDRESS
2	A. BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CRE	S(NA) HOSA MATORY 24D. LOCATION (City, town, or county) (State)
	BURIAL 5-7-70 BETH HAMEDROSH HA	POSEDATE
2	MAY 8 1970 Vales E. Vales	SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAL
V	150-REV. 1/1/68	



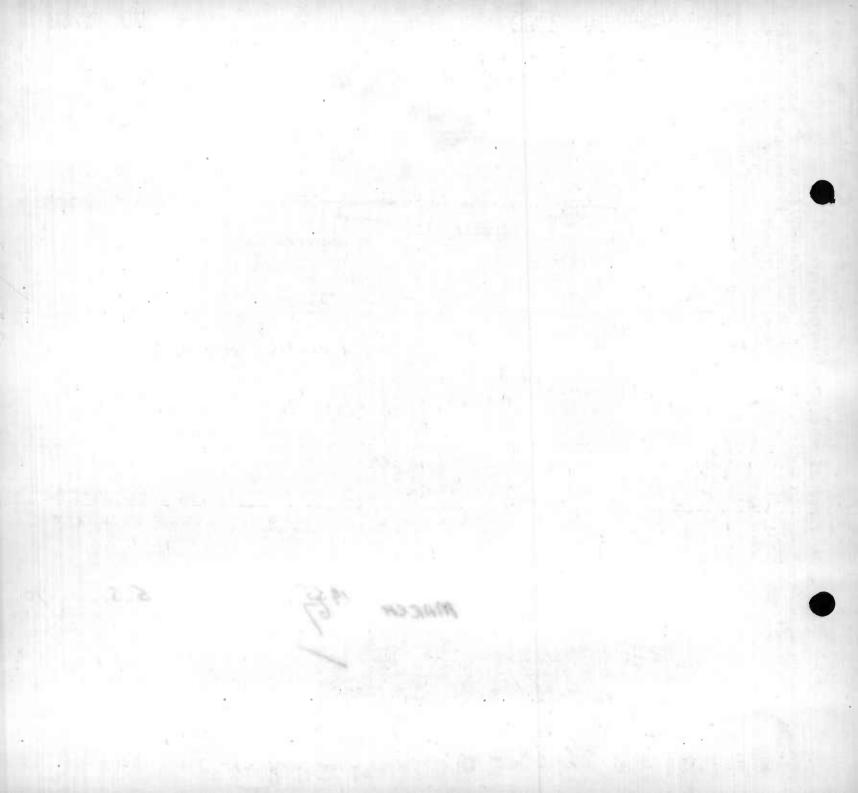
VS 150-REV. 1/1/68

. 나 가 많은 나 가장을 가장하는 가는 바로나는 게는

M L N	BALTIMORE CITY	HEALTH DEPARTMENT					
	761 CERTIFICA	TE OF DEATH	reg. No. 70 4761				
(Type or Print) ANN A	MEYE	R 2. DATE AND HOD	R OF DEATH				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUN CED DEAD	4. USUAL RESIDENCE (Where decea	sed lived. If institution: residence before admission)				
FULL NAME OF HOSPITAL OR II ADDRESS OR LOCATION	NSTITUTION, GIVE STREET	C. CITY ORTOWN	D. INSIDE CITY LIMITS?				
42		BARTO	YES NO				
5, SEX 16, RACE WITTE 17, MAD	1219 000	5003	FRATHMORR AD				
FEMALE WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	12/20/91 last birth	73				
10A. USBAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired) HOUSEWIFE AT	D OF BUSINESS OR INDUSTRY HOME	RUSSIA	USA				
? KAUFMAN		14. MOTHER'S MAIDEN NAME TOBA ? M					
15. Was Deceosed Ever in U. S. Armed Forces? (Yes,no ar unknown) (If yes, give war ar dates of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
NO 118.	CAUCE OF BEAT	MR. LOUIS MEYER, 380	DE W. STRATHMORE AVE.				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DISEASE OR CONDITION DIRECTLY						
(This does not mean the mode of dving	(This does not meen the mode of dving, e.g. (A)IMMEDIATE CAUSE NCW PUNCONVAL						
heart failure, asthenia, etc. It means the disc injury or complication which coused death.)	heart failure, asthenia, etc. It means the disease,						
ANTECEDENT CAUSES	ANTECEDENT CAUSES (a) arterio selectri Heer deser						
DISEASES OR CONDITIONS, if any, ginse to the obove cause (A) stoting UNDERLYING CONDITION tast.	ving DUE TO, OR AS the (C)	A CONSEQUENCE OF:					
	(7)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG VAL						
Ulsease or condition given in Part 1 (A).		[20A. AUTOPSY? (Yes or No)] 20B, II	P YES, WERE FINDINGS CONSIDERED				
WAS PERFORMED		IN CE	RTIFTING CAUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, af etc.)	i or obout 21 C. WHERE DID	(If in Baltimore City, give exact location)				
DEATH (notify medical examiner) 2) D.TIME (Manth) (Day) (Year) (Hour) OF INJURY (APPROX.)	While At Not While Work At Work	21F. HOW DID INJURY OC	CUR?				
22. I certify that (1) (this hospital) attend	1	2/30/10 19	10 5/5/70 10				
that (1) (we) last saw the deceased alive		0 19 and that In (m)	(aur) apinion death accurred an the date				
and have and from the causes stated abov							
23A. SIGNATURE Attending Med. Director Phys. 23B. DATE SIGNED 23B. DATE SIGNED 25 Phys.							
							23C.PHYSICIAN'S NAME (Type) A. MC VENY
	DEGREE C.NAME of CEMETERY OF CRE		(City, town, or county) (State)				
BURIAL 5-6-70	EBREW FRIENDSHIP		ORE, MARY LAND				
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR.	OS.,6010 REISTERSTOWN ROAD				
VS 150-REV. 1/1/68							



A 1120			BALTIMORE CITY	HEALTH DEPARTMENT		1010	
BIRTH NO.	L 70 47	62	CERTIFICA	TE OF DEATH	REG. NO	70 47	62
NAME OF DECI				2, DATE	AND HOUR OF DEAT	Н	
Type or Print)	William .	F. Coul	ltas	Ma	y 5, 1970	3	: 30 P M
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased tived. II		
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Md.	0.411	1306	2
HOSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?	
				Baltimore		YES T NO	
003	613 Roland	Ave.		3613 Rolan			
· SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In veors	If Under 1 Yr. , If	Under 24 Hrs.
Male	White	WIDOWED	DIVORCED	4/20/22	last birthdoy	Months Doys Ho	ours Min,
		10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or I	oreign country)	12. CITIZEN OF WE	HAT COUNTRY
	vorking life, even if retired)		2 012	363		TTO	
Mechani		Hum	ble Oil	Md.		USA	
3. FATHER'S NAA				14. MOTHER'S MAIDEN N	IAME		
James	H. Coulta	3		Violet Lo	vett		
S. Wos Deceosed	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	Ave.
Yes, no or unknown) Yes	(If yes, give wor or dote	es of service)	212-16-406	B William F	Coultes	Tr3613 Re	
	AA AA 'T T				. oour vas		
1B. 3	0.01		CAUSE OF DEATH	1			AATE INTERVAL
DISEAS	E OR CONDITION DI	RECTLY					
	LEADING TO DEATH			SE DIabetic	Acidas	. 0	
(This daes no	ol meon the made of	dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	7.1 (2003	10	
	osthenia, etc. It means		DUE TO, OK AS	A CONSEQUENCE OF:			
injury or com	plication which caused	death.)					
A	ANTECEDENT CAUSES						
DISEASES	ISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:						
	ise to the above couse (A) stating the						
UNDERLYING	NDERLYING CONDITION lost, (C)						
	11						
OTHER SIGNIFI	CANT CONDITIONS CO	NTRIBUTING					
TO THE DEAT	H BUT NOT RELATED TO T	HE TERMINAL					
▼ DISEASE OR CO	OPERATION 198 CON		WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES WED	E FINDINGS CONSIDER	RED
19A. DATE OF	WAS PER				IN CERTIFYING	AUSES OF DEATH?	
IN STA ACCIDEN	T WAS HINDSOLVING	1 (212	BLACE OF INTERVAL	at about 21 C William 515	/12 + B 1-2	C1	
OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF	hom	e, farm, foctory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltim	nore City, give exoct loco	tion)
	medical examiner	etc.)					
21 D. TIME	(Month) IDoy) (Year)	(Hour) 21E.	INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?		
21 D. TIME OF INJURY		Whi	ile At Not While				
(APPROX.)		Wor					
22. I certify	that (I) (this haspital) attended th	ne deceased fram	1950	to	5.5.	19.70
	lost saw the decease		MARCEH	1967 and		sinian daest	
		1				pinian death accurre	ea an the date
	- Andrews A	d above. (I) (We) (did) (did not) v	iew the bady after deat	h.		
23A. SIGNATU	KE /					23 B. DATE SIGNED	
1	my to	1	MA AT Phon	nding Med.	Staff Phys.	5/6/70	
(X	1-1	DEGREE Phys	23D, ADDRESS	rnys.	7/-/10	
NAME (Ty	(pe)	MD			Q+		
	David Seff	, M.D.	000000	846 W. 36th	ot.		
4A. BURIAL CREA	AATION, 248. DATE	24C. NA	ME of CEMETERY of CRE	MATORY 24D.	LOCATION	City, town, or county)	(Stote)
REMOVAL (S	pecify)	0 B-7	Adams and Mr. Co.				
Burial			timore Nati		Baltimore		Md.
5A. DATE REC'D	BY HEALTH DEPT.	258. NAME C	F REGISTRAR	2SC. FUNERAL DIRECT	OR OP O	ADDRI	ESS
MAY B I	الالالادية في	Addition to	UR. O O	Ann Ponor	ran - 3818	Roland Av	0.
(F. 100 DE)/ 1/1/4	0			4 / 4 0			



IMPORTANT

DIRECTOR:

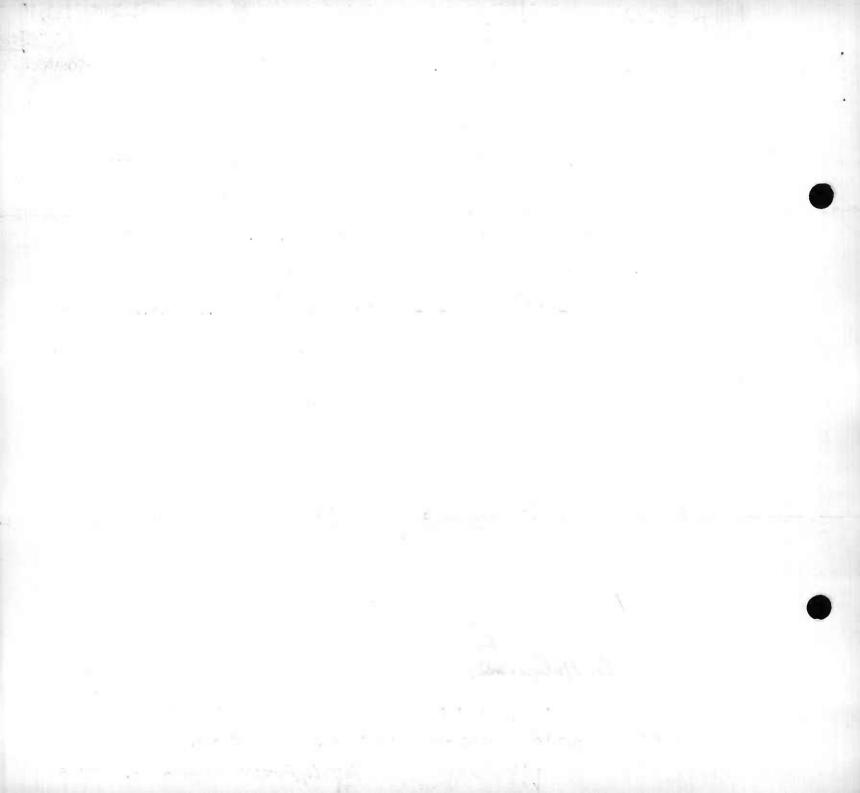
FUNERAL

VS 150-REV. 1/1/6B

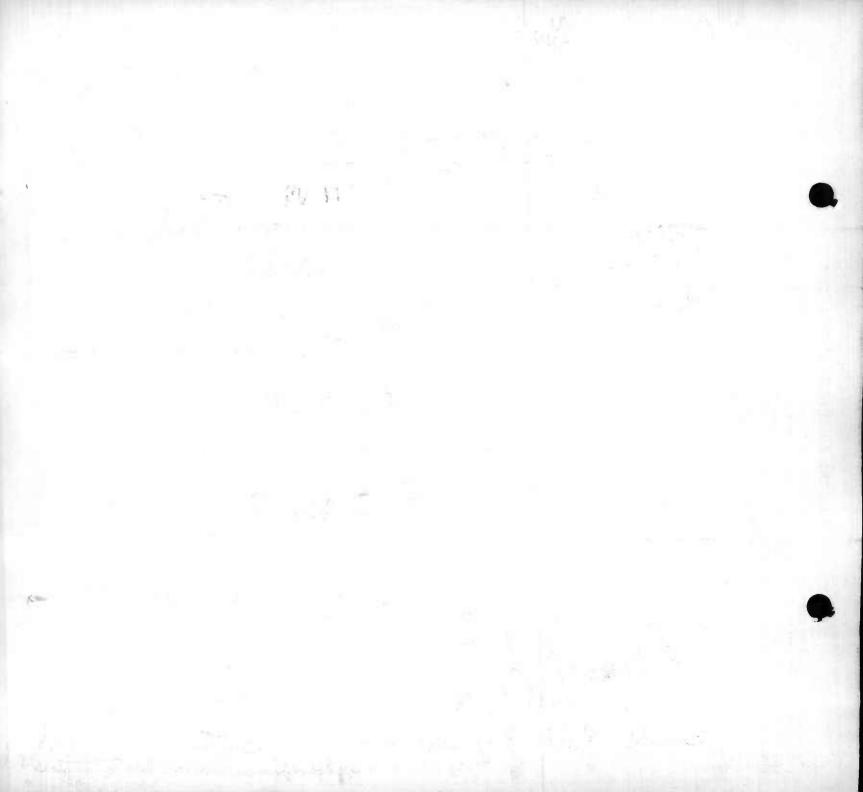


DG DC 1

R-320	70 4		HEALTH DEPARTMENT		70 4764
BIRTH NO.	70 4	764 CERTIFICA	TE OF DEATH	REG. NO	70 4764
	IE, Thomas		5/5/7		10:50 AM
3. PLACE IN BALTIMORE,			4. USUAL RESIDENCE (Whe A. STATE B. COUN Maryland	ere deceosed lived, II in:	stitution: residence before odmission
NSITUTION		R INSTITUTION, GIVE STREET	C, CITY OR TOWN	D. INSI	DE CITY LIMITS?
		tration Hospital	Baltimore		YES 🔼 NO
	Loch Raven		E. STREET AND NUMBER		
	more, Maryl		3505 Third S		21225
Male Wh	ite wi	ARRIED NEVER MARRIED DIVORCED DIVORCED	12/4/99	9. AGE (In years lost birthdoy) 70	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
OA. USUAL OCCUPATION one during most of working life	(Give kind of work 10B, I	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lore	ign countryl	12. CITIZEN OF WHAT COUNTE
Machine fit		retired	Hazelton, Pa	•	USA
FATHER'S NAME			14. MOTHER'S MAIDEN NA		
Thomas C. Ri	tchie		Anna Malloy		
Wos Deceosed Ever in les, no or unknown (if yes,	J. S. Armed Forces?	ervice) 1 6. SOCIAL SECURITY NO.	17 1150011111	pital Record	ADDRESS
YES 12/	1/17 - 12/1		3900 Loch Raven		
18.	1	CAUSE OF DEAT		Divis Dari	APPROXIMATE INTERVAL
	ONDITION DIRECTL	Y			BETWEEN ONSET AND DEAT
	TO DEATH	(A)IMMEDIATE CAU	se Carcinoma of	stomach	9 months
(This does not meon heart failure, osthenia, injury or complication	***************************************				
ANTECEL					
DISEASES OR CON	DITIONS, if any.	giving DUE TO, OR AS	re hepatic metas	************	
rise to the above UNDERLYING COND	cause (A) slatin	ng the (c) Hepatic	coma		
THE THE COND	II	(C)			
OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION	T RELATED TO THE TER	MINAL			
19A-DATE OF OPERATION 197/22/69	ON 198 CONDITION WAS PERFORMS Carconi	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
OR CONTRIBUTING	UNDERLYING AUSE OF	21B PLACE OF INJURY (e.g., in hame, form, foctory, street, of etc.)		(If in Boltimore	City, give exoci location)
21D. TIME (Month) OF INJURY	(Doyl (Year) (Hou	at 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY		While At Not While			
	Ahie heesteell con	Work LJ At Work		. 70 Me	E+h 70
		nded the deceased from Aj		19 70 to May	
			ond the	atin (1994) (our) oblu	ion deoth occurred on the da
23A. SIGNATURE	e canses stated of	ove. (We) (did) (did) v	lew the body after deoth.		23B, DATE SIGNED
5	1 Halins	Atte	nding Med.		
23C. PHYSICIAN'S	e il tune	DEGREE Phys	. U Director U	Phys. X	5/5/70
NAME (Type)	T DEDM C IIC		2700	Loch Raven H	
A. BURIAL CREMATION,	LBERT G. HO	14C. NAME of CEMETERY OF CRE		more, Maryla	
REMOVAL (Specify)	, ,		201		, town, or county) (Stote)
Burial	5/7/70	Baltimore Natio		altimore, Ma	
	22.68 Jal	San M. A.	25C. FUNERAL DIRECTOR	non Dakasas	ADDRESS
MAY 8 TEM	lobers E. Man	day M. D.	10 0- 11	237 Patapsco	



II /// / /// // // // // // // // // //	ITY HEALTH DEPARTMENT				
ALIO	CATE OF DEATH REG. NO. 70 4765				
T.NAME OF DECEASED (Type or Print) MARV MEVERUITS	2. DATE AND HOUR OF DEATH				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admyssion) A. STATE 8. COUNTY				
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Plds Balto, 5 3 0 CCCTY OR TOWN D. INSIDE CUY LIMITS?				
425INAI HOSPITAL OX	E. STREET AND NUMBER				
5. SEX 6. RACE 7. MARRIED TAILURE MARRIED TO	14420 EVOMAY Rd. 2120/				
WIDOWED DIVORCED	7-14 Min. Months Doys Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or loreign country) RALT I MORF				
13. PATHER NAME	14. MOTHER'S MAIDEN NAME				
-Tacoli	Wollie				
15. Was Deceased Ever in U. S. Armed Forces? (Kes.no prunknown (III yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS				
NO 312-05-16	to Tation's chant				
18. CAUSE OF DE	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	TERMINAL OLA				
(This does not mean the mode of dving, e.g. (A) IMMEDIATE C	AUSE / LA PIÙ AS A CONSEQUENCE OF:				
hearl failure, asthenia, etc. It means the disease, injury or complication which coused death.)	A D				
ANTECEDENT CAUSES	RECTUM 10				
	AS'A CONSEQUENCE OF:				
rise to the above cause (A) stating the UNDERLYING CONDITION tost. (C)	V				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL VISEASE OR CONDITION GIVEN IN PART 1 (A)					
U 10A DATE OF CONTROL 100	20A-AUTORSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED				
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?				
	in or obout 21 C. WHERE DID (II In Baltimore City, give exect location)				
21D.TIME (Month) (Doyl (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
(APPROX.) While At Not Work At Wo	hile				
22. I certify that (I) (this hospital) ottended the deceased from	4-16 19/0 to 5-5 19 70				
that (1) (we) last saw the deceased alive on	19 70 ond that in (my) (aur) opinion death occurred on the date				
ond haur and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23B. DATE					
23CPHYSICIAN'S NAME (Type)	23D. ADDRESS:				
24A BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C					
REMOVAL (Specily)	REMATORY 24D. LOCATION (City, town, or county) (State)				
25a. DALE RECID BY HEALTH DEPT. 25B. NAME OF REGISTRAR	alely botto me				
MAY 9 TOM Robert & Robert M.D. O O	Sylvanizeus & Son, INC 9610 Rusterson				
VS 150-REV. 1/1/68	The state of the s				



BALTIMORE CIT	Y HEALTH DEPARTMENT	A base
H-425 70 4767 CERTIFICA	ATE OF DEATH REG. NO.	4767
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	2.7
(Type or Print) Hilson, Rockefeller	5/7/70	1 11 35
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If Institutio	n: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	1321 Eutan Place	1401
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
Maryland General Hospital	Baltimore YES	NO 🗌
48 Battimore, Maryland 21202	E. STREET AND NUMBER Md.	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	5/3/103 67	nder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work IOB, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. (CITIZEN OF WHAT COUNTRY
Steel Worker Beth. Steel	South Carolina	U.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	decrased
Willis Helson	Connie Vande	Son H. Carol
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
(res, no of unknown) (if yes, give wor of dotes of service) SECURITY NO.	Mm. Behant Hilson 10706 Fire	ning Wind Cour
18. 4410 4 1 CAUSE OF DEA		ening Wind Cour
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
LEADING TO DEATH	USE memma	days
	A CONSEQUENCE OF:	4
ANTECEDENT CAUSES	ocardial Infarct	1 month
	S A CONSEQUENCE OF:	
rise to the obove couse (A) stoling the UNDERLYING CONDITION last. (C)	mary Arterius derosis	1105
z		/
▼ IDISEASE OR CONDITION GIVEN IN PART I (A).	monary Emboli	weeks
198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY (Yes or No.) 20B, IF YES, WERE FINDIN IN CERTIFYING CAUSES OF	GS CONSIDERED
11 21 A. ACCIDENT WAS INDESTRUCT 1218 BLACE OF MILLIAM	in or obout 21C, WHERE DID (II In Boltimore City,	Olve exact location)
S DEATH (nobly medical examined	lifice bldg. INUURY OCCUR?	
21D. TIME IMonth) (Doy) (Yeor) 1Hour) 21E INJURY OCCURRED While At I Not Whi	21F. HOW DID INJURY OCCUR?	
IAPPROX.) While At Not While At Work At Work		
22. I certify that (i) (this hospital) attended the deceased from	4-6 19/0 to 5-	19 70
that (1) (we) last saw the deceased alive on 5-7	19 and that in (my) (our) opinion d	eoth occurred on the date
ond hour and from the couses stated above. (1) (We) (dld) (did not)		
23A. SIGNATURE	23B. D	ATE SIGNED
X X / / Why M scares Phy	ending Med. Staff Phys.	5-7-70
28C PHYSICIAN'S NAME IType)	23D. ADDRESS	
DEGREE		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR		, or county) (Stote)
Burial 5/9/70 Arbutus Memoria	1 Park Baltimore Co., Ma	ryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
MAY 8 1970 02.4 4 5 20 0 18	Mutter Funeral Home 3035 W	. North Avenue
1 15H-06W 1/1/49		



IMPORTANT

DIRECTOR:

FUNERAL

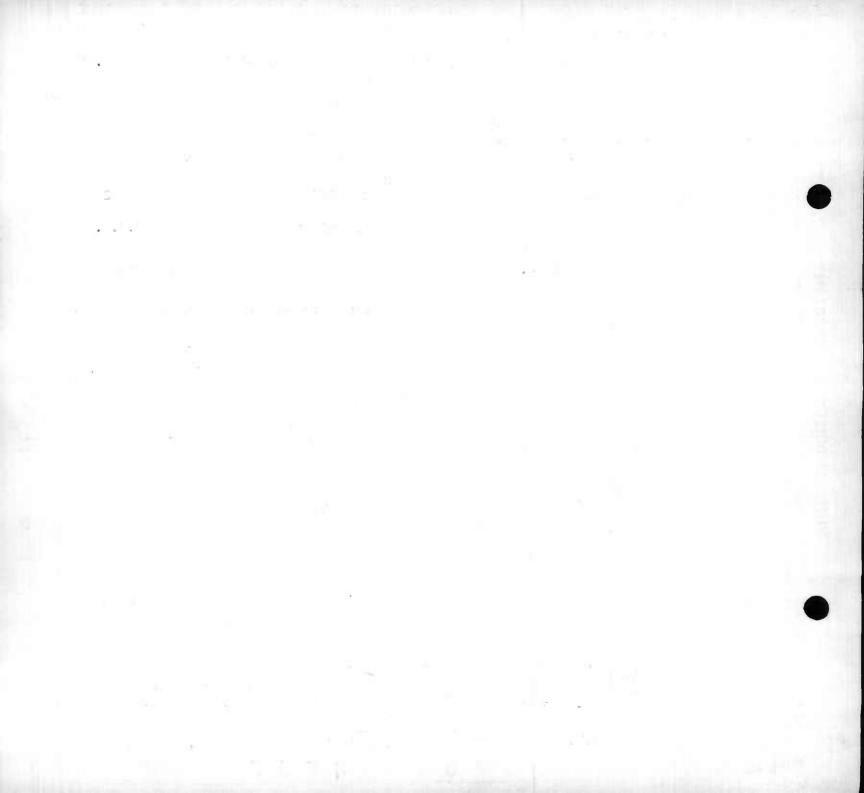
64	BALTIMORE CITY HEALTH DEPARTMENT
and ath the och	10 4769 CERTIFICATE OF DEATH REG. NO. 70 4769
death death the Such	1. NAME OF DECEASED (Type or Print) WATERS JOHN 2. DATE AND HOUR OF DEATH May 6, 1970 6:30 PM.
a po pit	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution; residence belore admission) A. STATE B. COUNTY
de (5)	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) G. CITY OR TOWN D. INSIDE CITY LIMITS?
a cause;	WILLOW MEN. HOSP- BALTO YES NOT
red in uting ed cau aft	44 E. STREET AND NUMBER 13/6 HONEWOOD AVE
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Ys., If Under 24 Hrs.
occur ontrib ermin regul	WIDOWED DIVORCED 7-17-17 TOST DIVINGOY) 4/ Months Doy's Hours Min.
on est of the	done during most of working life, even if relired)
if dect of was	13. FATHER'S NAME
F - 52 - 2	JOHN WATERS LIZA
A 5 0 0 0 0	15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) [If yes, give wor or doles of service] 16. SOCIAL SECURITY NO.
DR day	18. 10 10 16 45 220-03-1292 Blond 1. Jane 1316 Homewood A
R: IMPORT. ner or his assisser. Also, if the cture of any king pronounced de lar attendance ibalmed or fine	DISEASE OF CONDITION DIPECTLY
0 5 5 5 5	LEADING TO DEATH (This does not mean the made of dying, e.g., heart lailure, asthenia, etc., it means the disease.
OR:	injury or complication which caused death.) EXTENSIVE
xami kamire A fro who	DISEASES OR CONDITIONS, if ony, giving (B) ACUTE ANT. INVOCAPDIAL INFARCT DUE TO, OR AS A CONSEQUENCE OF:
2 0 A R _ E O	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)
medical medical burns; (% hysician mas in was in remains	
RAL medic medic burn physic an we	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IT TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).
m 10 L 6 0 10 H	19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FUN the ch al by c; (2) Bo c; (2) Bo be the	U 21A. ACCIDENT WAS UNDERLYING 21B. FLACE OF INJURY (e.g., in or about 21C. WHERE DID (If In Baltimore City, give exact location)
>= 0 - Z -	DEATH (notify medical examined etc.)
roved b he hosp y natur xcept w and (6)	21D.TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED (APPROX.) While At Wark 21F, HOW DID INJURY OCCUR?
he he had no	(APPROX.) While At Work Not While At Work 22. I certify that (I) (this haspital) attended the deceased from 5-6-70 (3:30 P.M.) 1970 to 5-6-70 (6:30 P.M.) 1970
10 0 0 V 0	that (1) (we) last saw the deceased alive on May 6 (5:00 Pm) 1970 and that in (my) (our) opinion death occurred on the date
ust be a based to dent of lospital death) must be	and hour and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.
S d d	23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED
0 - 0 - >	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS
certificate mody was rel rs: (1) An acci D.O.A. at a l ased prior to	N. U. CAPMONA M.D. DEGREE CIRCION MEM. HOSP. BACTO. M.D.
ody (C) Sed	REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, fown, or county) (Stole)
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAD 25C. FUNERAL DIRECTOR ADDRESS
This the babov was dece	MAY 8 1910 Sept of The Dock South of 130 4 M. Control by
	VS 150-REV. 1/1/68

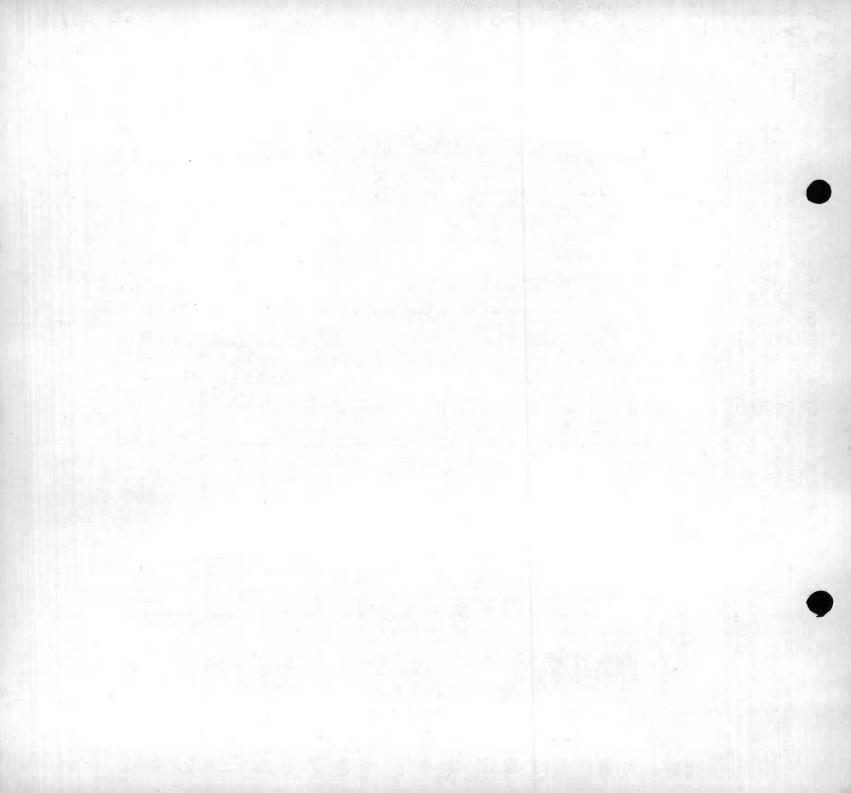


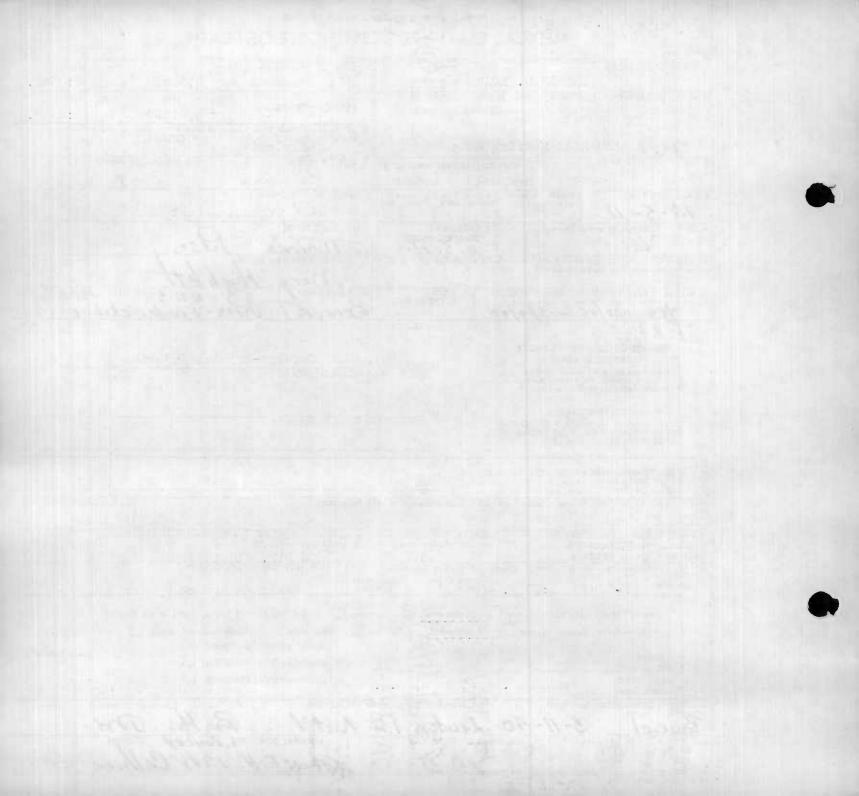
56-77-89 djs	BALTIMORE CITY HEALTH DEPARTMENT
and seath the the	FIRTH NO. 10-0785 3 4770 CERTIFICATE OF DEATH REG. NO.
N D D C	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR DE DEATH
\$ ~ % ° ~	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 14. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
hospi ise o (5) D ance deat	A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
	BAITO YES TO NOT
0	E. STREET AND NUMBER
tributi mined gular sed pi	5 SEV VOICE - 21224 BIT WITTELOCK Street 21217
	Months: Doys Hours Min.
th o	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Maryland U.S.A.
rect of (4) Unwas the isposit	13. FATHER'S NAME
	Linda Williams
stant ind; leath e on	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 4940 Eastern Avenuadress
SRT f th f th d d d d d	BCH: Records Baltimore, Maryland 21224
S	CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or hiso, Also, noun atter	LEADING TO DEATH
	heart loiure, ashenio, elc. Il mens the disease
OR: niner. ractu	injury or complication which caused death.)
Xam A fr	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
birector: cal examiners; (3) A fractual idn who press in regular	INDERIVATE CONTROLL IN SIGNING THE
edical dical urns; /sicia was mains	CNDEALTING CONDITION lost, (C)
= Big is ≯E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
ef me me dy bu phy cian he re	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1798. CONDITION FOR WHICH OPERATION WAS PERFORMED 1994. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes 214. ACCIDENT WAS UNDERLYING 1.218 PLACE OF INJURY (S. I. o.
	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION Yes 198. CONDITION FOR WHICH OPERATION Yes
FUN by ch 2) Bo re th phys	In Bollimore City, give exact location)
t a l	S DEATH (notify medical examiner) etc.)
_ 5 7 6	OF INJURY OCCUR? While At The Not While The
roved he hos y nati xcept and (6	(APPROX.) While At Work At Work
	22. I certify that it (this hospital) attended the deceased from 19 70 ta 5-3 19 70
	that (1) (we) last saw the deceased alive on 5-3 19 7 O and that In (my) (our) opinion death occurred on the date
ust be a cased to dent of ospital death)	and hour and from the causes stated above (1) (We) (did) (did not) view the body after death.
	236 DATE SIGNED
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23C. PHYSICIAN'S NAME (Type) Attending Phys. Director Phys. D 23D. ADDRESS 4940 Eastern Ave. Balto. Md. 21224
ifficate my was rel 1) An acc 1) A at a d d prior to	Dale P. Henken M.D. Baltimare City Has tale
certificat sody was 7s: (1) An D.O.A. at assed pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, fown, or county) (Stole)
	Cremation 5-5-70 Baltimore City Hospitals Baltimore Manyland 21221
This certil the body shows: (1) was D.O. deceased	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
F - 4 > 0 >	MAY 8 1970 Paleal & Jacket ME O O O A PHOSPETAT DISPOSAT.

Eller from Bet in file Bur of Biostaletics ge

M	(1)		BALTIMORE CITY	HEALTH DEPARTM	ENT	MO Amma
BIRTH NO.	Palto Com	771	CERTIFICA	TE OF DEA	TH REG. NO	70 4771
1. NAME OF (Type or Print)		"B" MOX	ER, DUANE	2, D	ATE AND HOUR OF DEATH 5-4-1970	1.05 A
3. PLACE IN	BALTIMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE	E (Where deceased lived. II	institution: residence belove admission
FULL NAME	OF (IF NOT IN HOSPIT	AL OR INSTITUTI	ON, GIVE STREET	Maryland		1102
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! INSTITUTION Baltimore City Hospitals			C. CITY OR TOWN D. INSIDE CITY LIMITS?			
2.	4940 Eastern	-		Baltimore	1050	YES NO
01	Baltimore, Mar	yland 2	1224	611 Park		2
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., if Under 24 Hrs
Male	White	WIDOWED	DIVORCED [5-2-1970	lost birthdoyl	Months Doys Hours Min.
done during mo	CCUPATION (Give kind of work st of working life, even if retired)	10B, KIND OF BU	JSINESS OR INDUSTRY	11. BIRTHPLACE (Stote Maryland	or loreign country!	12. CITIZEN OF WHAT COUNTR
3. FATHER'S	NAME			14 MOTHER'S MAID	EN NAME	
	Dennis	R. Moyer			Diane	Short
5. Was Dece Yes, no of unki	ased Ever in U. S. Armed For nown) (If yes, give wor or dole		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
				Records: BCH	-4940 Eastern A	venue 21224
IThis do heart fail injury or DISEASE rise to UNDERL' OTHER SIGNO THE DISEASE (1974, DATE 1974, DA	EASE OR CONDITION DIE LEADING TO DEATH ES not meen the mode of ure, ostherio, etc. it meens complication which caused ANTECEDENT CAUSES S OR CONDITIONS, if the obove cause (A) YING CONDITION lost, II SNIFICANT CONDITIONS COL EATH BUT NOT RELATED TO TO DR CONDITION GIVEN IN PAR OF OPERATION 19B. CON WAS PERF RIBUTING CAUSE OF Offy medical examines) (Month) (Doy) (Yearly	dying, e.g., the disease, death.) any, giving stoling the NTRIBUTING 4E TERMINAL 1 1 (A). DITION FOR WHI ORMED	(B) DUE TO, OR AS (C) DUE TO, OR AS (D) DUE TO, OR AS (D) DUE TO, OR AS (D) DUE TO, OR AS (E) DUE TO, OR AS (D) DUE TO, OR AS (E) DUE TO, OR AS (D) DUE TO, OR AS (E) DUE TO, OR AS (D) DUE TO, OR AS (E) DUE TO, OR AS (D) DUE TO, OR AS (E) DUE TO, OR AS (D) DUE TO, OR AS (E) DUE TO, OR AS (D) DUE TO, OR AS (E) DUE TO, OR AS (D) DUE TO, OR AS (E) DUE TO, OR AS (D) DUE TO, OR AS (E) DUE TO, OR AS (D) DUE TO, OR AS (E) DUE TO, OR AS (D) DUE TO, OR AS (E) DUE TO, OR AS (D) DUE TO, OR AS (E) DUE TO, OR AS (D) DUE TO, OR AS (E) DUE TO, OR AS (D) DUE TO, OR AS (E) DUE TO, OR AS (D) DUE TO, OR AS (E) DUE TO, OR AS (D) DUE TO, OR AS (E) DUE TO, OR AS (D) DUE TO, OR AS (E) DUE TO, O	A CONSEQUENCE OF: A CONSEQUENCE	s or No.) 208. IF YES, WERE IN CERTIFYING CA	I - Zokay I - Zokay
that (1) (and haye 23A, SIGN 23C, PHYSI NAM	boll. H	d alive aned above. (1) (v	Ye) (did) (did fat) v	Med. Director 3D. ADDRESS	Shoff Phys. D Baltimore City Avenue, Baltimo	Inlan death accurred an the dot 23B. DATE SIGNED 5470 Hospitals Dre, Maryland 21224 ity, town, or countyl (Stotel
remated	5/7/70					
		25B. NAME OF E		25C. FUNERAL DI	Baltimore, Mar	Address







1.7 .11	2 30	A lubureau a	BALTIMORE CITY	HEALTH DEPARTMENT		19463
W-46	3 70	4774	CERTIFICA	TE OF DEATH	REG. NO	70 4774
NAME OF DEC	FACED				AND HOUR OF DEATH	
Type or Print)	OSIAH J. N	v. 11	-			7 270
PLACE IN RAI	TIMORE MARYLAND,	WHERE PRONO	UNCED DEAD		AY 1970 There deceased fived, If i	nstitution: residence before admission
. ILACL III DA	THE THE PARTY OF	WHERE PROMO	ONCED DEAD	A. STATE B. CC	UNTY	10 10
ULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	MO -		1202
ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) NSTITUTION 3501 ST. PALL ST		C. CITY OR TOWN D. INSIDE CITY LIMITS?				
4 -			21216	BAITIMIN		YES NO
00	BAITIMOR	nie, mu	71718	E. STREET AND NUMBE	PALL ST	
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
M	u	WIDOWED		10 OCT 1878	91	
	UPATION (Give kind of wa working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN OF WHAT COUNTS
PUBLISH		120,1	CR, Publishin	GEORG	1 14-	U.S.A.
FATHER'S NA			, , , , , , , , , , ,	14. MOTHER'S MAIDEN	NAME	
3. 3	WILLARD			JESSIE C	AMALER	
	Ever in U. S. Armed Fo	010057	1 6. SOCIAL	17. INFORMANT	- HVUURIN	ADDRESS
es, no or unknown	(If yes, give war ar da	ites of service)	SECURITY NO.			ADDRESS
No		2	43-28-5062	2. 2. MIllAP	o Ja,	SAME
18.	9 db 2	50,9	CAUSE OF DEAT	1		APPROXIMATE INTERVAL
DISEA	SE OR CONDITION D	DIRECTLY				DETWEEN ONSET AND DEAT
	LEADING TO DEATH		(A) IMMEDIATE CAU	SE CIERTEGRA	L THRUMBOSI	5 36 HRS
	nal mean the made o asthenia, etc. It mean		DUE TO, OR AS	A CONSEQUENCE OF:		
	mplicolian which couse					The second second
	ANTECEDENT CAUSE	S	(80 4	RRAL MACLO	100 0000	SIE SHURBAL YIZA
DISEASES	OR CONDITIONS, if	any giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	LAA DISEA	SIL SHUMET THE
rise la lh	e obave cause (A)					
UNDERLYIN	G CONDITION last.		(C)			
7	11					
	FICANT CONDITIONS CO		Dut	harres /	4 Tell , Tes	YZARS
DISEASE OR	CONDITION GIVEN IN PA	ART 1 (A).				
19A. DATE OF	F OPERATION 198. CO	REFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED
214 455122	ALT MAC HINDRE WITE		01 4 05 05 1	no		
OR CONTRIB	NT WAS UNDERLYING	hor	PLACE OF INJURY (e.g., in the form, factory, street, of	fice bldg., INJURY OCCUR	? (If in Boltimo	re City, give exoct location)
DEATH (notify	y medical examiner)	etc.				
21 D. TIME	(Manth) (Day) (Year	n) (Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY			ile At Not Whil			
		Wo				
	that (I) (whis hospita			OCTOBRA	19 69 to 7	19 70
thot (I) (Mana and the land	sed olive on	7 MA)	19 70 one	that in (my) for op	inion death occurred on the do
1	Tost saw the deceos					
and haur on		oted obave. (I) (We) (did) (did not) v	iew the body ofter deo	th.	
23A. SIGNATI	d fram the couses ste	oted obave. (I	(did) (did) (did) v	iew the body ofter deo	th.	23B, DATE SIGNED
	d fram the couses ste	oted obave. (I	Atte	nding Med.	Staff	23B, DATE SIGNED
23A. SIGNATU	d from the couses sto	oted obave. (I	Atte Phys	nding Med.		
23A. SIGNATU	d from the couses sto	oted obove. (I	Atte Phys	nding Med. Director 23D. ADDRESS	Staff	23B. DATE SIGNED
23A. SIGNATU	d from the couses sto	M.	Atte Phys	nding Med.	Staff	23B, DATE SIGNED
23A. SIGNATU 23C. PHYSICIA NAME (1) 7. 01	d from the couses sto JRE ANTS (XON H,))S MATION, [248, DATE	M.	aegree Phys	Med. Director 23D. ADDRESS 3 Sol ST.	Snoff Phys	23B. DATE SIGNED
23A. SIGNATU 23C. PHYSICIA NAME (1) 3. 0; 4A. BURIAL CRE REMOVAL (1)	d fram the couses sta JRE JULY AN'S AN'S (XON H, 1)S MATION, 24B. DATE Specify)	M. 24C. N.	D GEGREE Phy:	Med. Director 23D. ADDRESS 3 Sol ST.	PALL ST	BAITIMONIZ, M. (Stote)
23A. SIGNATU 23C. PHYSICIA NAME (1) 3. 0; 4A. BURIAL CRE REMOVAL (1) 20M. BURIAL	d from the couses stored from the couse stored from the	M. 24C. N.	D GEGREE Physical Attempts of CRE	Med. Director 23D. ADDRESS 3501 S7.	PALL ST LOCATION (C)	BAITIMONIZ, M. Store ADDRESS
23A. SIGNATU 23C. PHYSICIA NAME (1) 3. 0; 4A. BURIAL CRE REMOVAL (1) 20M. BURIAL	d from the couses stored from the couse stored from the	M. 24C. N.	D GEGREE Phy:	Med. Director 23D. ADDRESS 3501 S7.	PALL ST LOCATION (C)	BAITIMONE, M. C. ADDRESS YORK
23A. SIGNATU 23C. PHYSICIA NAME (1) 7. D1	d from the couses story JRE JULY ANYS (ype) XON H, 1)S MATION, 24B. DATE Specify) BY HEALTH DEPT. BY HEALTH DEPT.	M. 24C. N.	D GEGREE Physical Attempts of CRE	Med. Director 23D. ADDRESS 3501 S7.	PALL ST LOCATION Hickory,	BAITIMONE, M. C. ADDRESS YORK

THE WHAT THE STORY Spirit and the single merita, contrem Generalle-1 xx 400 pp v 9 ODAH . W C C at soall w t t 35.55 CORREROR PRODUCED BARRAR PROPERTY TO

Outsides Mail 1715 Park 151

* VEH3 TORREST

TE July TE LYSE

to our last of

ASIGNAD BIRED

STATE OF THE PARTY.

0.16

BALTIMAN

TART DU THAT from alife me. 12.11 house 2

I Draw Hills M.D. Bar St. Park ST MAITHURS.

Contactar Tenumers Science

IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

No [

U.S.A.

ADDRESS

APPLOXIMATE INTERVAL BETWEEN ONSET AND DEATH

(Stote)

ADDRESS



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

hetter from J. H. H. 5-8-70 M.H.

Llewelyn are

C-1155 170 Aprilling	BALTIMORE CITY	HEALTH DEPARTMENT		
EIRTH NO. 70 4777	CERTIFICA	TE OF DEATH REG. NO.	70 4/11	
I.NAME OF DECEASED (Type or Print) William Coleman		2. DATE AND HOUR OF DEA		
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOL	West Drap	May 6, 1970	4:40 A.	
STEACE IN SALIMONS MARILAND, WHERE PRONOC	INCED DEAD	4. USUAL RESIDENCE (Where deceased lived, I	f institution: residence before admission	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU	TION, GIVE STREET	Maryland	701	
Baltimore City Hospitals		Baltimore E. STREET AND NUMBER		
4940 Eastern Avenue				
Baltimore, Maryland 21224		419 North Eutaw Street	21202	
SEX 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	II Under 1 Yr. , If Under 24 H	
Male Negro WIDOWED		4-30-21 49	Months Doys Hours Min.	
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stoto or foreign country)	12. CITIZEN OF WHAT COUNT	
Lalivier		South Carolina	U.S.A.	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Willie		Irene		
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) [lif yas, givo war or datas of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT 4940 East	ern Aveagress	
1 / 5. gr 6 W 6 U 6 U 6 U 6 U 6 U 6 U 6 U 6 U 6 U	215-18-3555	BCH: Records Baltimore, Maryland 21224		
18-2 9/4 / 14-3/6	CAUSE OF DEATI		APPROXIMATE INTERVAL	
DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEA	
LEADING TO DEATH		SE Mitral ensuffic A CONSEQUENCE OF:	1ener > 14+	
(This does not mean the made of dying, e.g.,	DUF TO, OR AS	CONSEQUENCE OF		
heart ioilure, osthenia, etc. it means the disease, injury or camplication which caused death.				
ANTECEDENT CAUSES	Denlade	le Plan Li Heart Day		
	(B) /	le Rheimitie Heart Disso	-32	
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)			
11		>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Broncheich	uni Aspiration Preum	onia	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Alcvi	viil Hopatitis		
19A. DATE OF OPERATION 198 CONDITION FOR W	4.4	20A. AUTOPSY? (Les of No.) 208, IF YES, WER	RE FINDINGS CONSIDERED	
NO NO	no	700	Part	
	FLACE OF INJURY (e.g., ir , form, foctory, street, of	or obout 21 C. WHERE DID (If In Boltin	nore City, give exoct location)	
DEATH (notify modical examiner)				
OF INJURY	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
(APPROX.) While	Not While		-1077	
22. 1 certify that (1) (this hospital) attended the	deceased from	4/15 19 70 to	5/6 10/0	
that (We) lost saw the deceosed office on	5/1		17	
	ow Colored		pinion death occurred on the de	
and hour and from the causes stated above (1)	(ne) (ala (ala nat) v	ew the bady after death.	loss part tieres	
ENTLO	MO Atte	nding Med. Shaff	238 DATE SIGNED	
23C. PHYSICIANS	DEGREE Phys	Director Phys.	3/6/70	
NAME (Type)	2	3D. ADDRESS Baltimore City Hos 4940 Eastern Avenue Balt	timore. Marvland 21	
Edward J. Lee M. D.	DEGREE			
REMOVAL (Specify) 248. DATE 24C. NAI	ME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (Stote)	
Juna 3/9/10 Th	C. Chabur	w Cem Steolput	md.	
SA. DATE REC'D BY HEALTH DEPT 258. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS	
MAY 8 19/1 Valle BE, Jack	LA PED	Million G Click	n- (1241) Cardin	
S 150-REV. 1/1/68				

IMPORTANT

DIRECTOR:

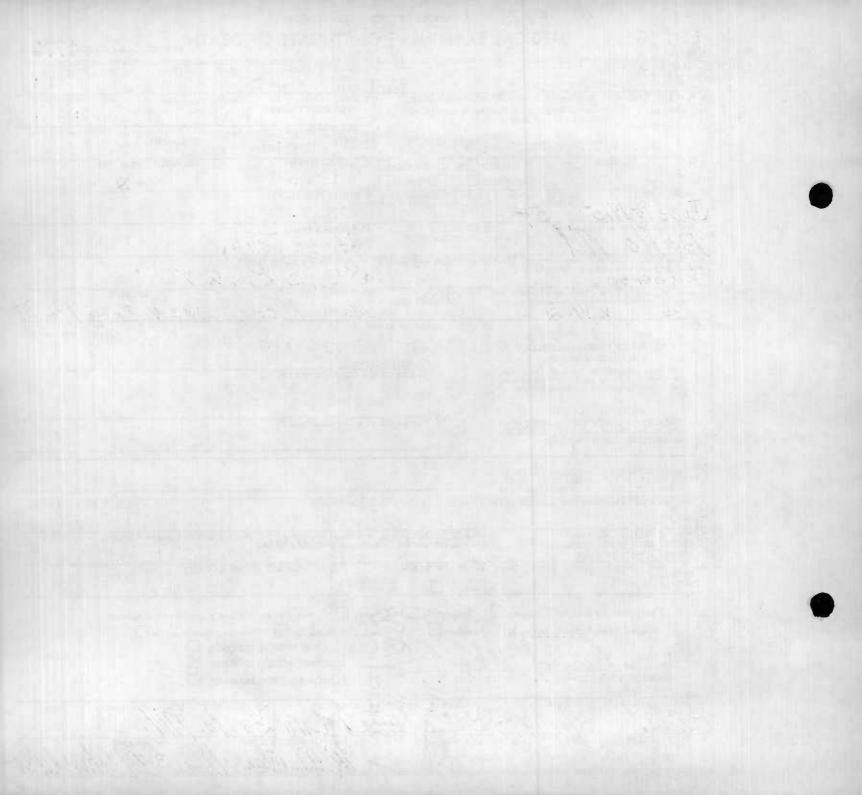
FUNERAL

VS 150-REV. 1/1/68

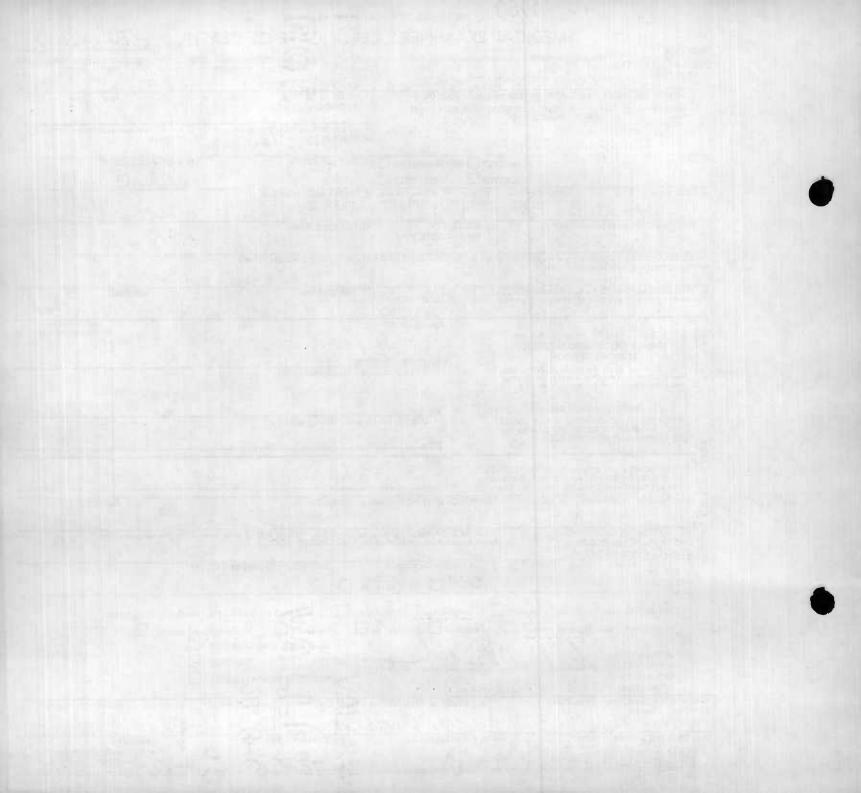
BALTIMORE CITY HEALTH DEPARTMENT

Y 1 · Y.

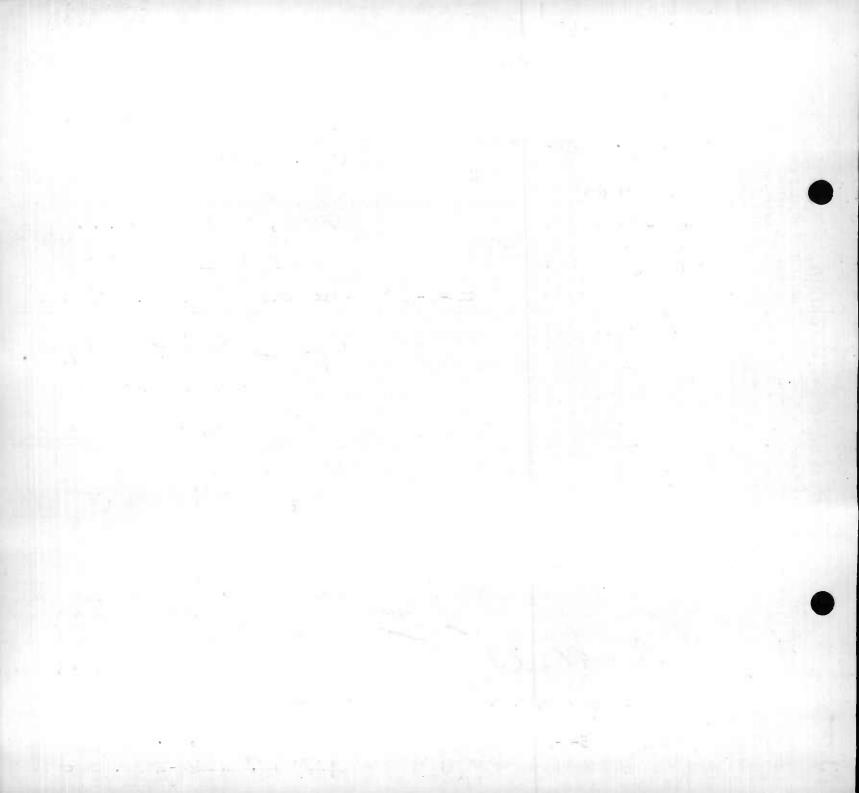
THE REAL VIEW AND ASSESSED FOR THE PERSON OF THE PERSON OF



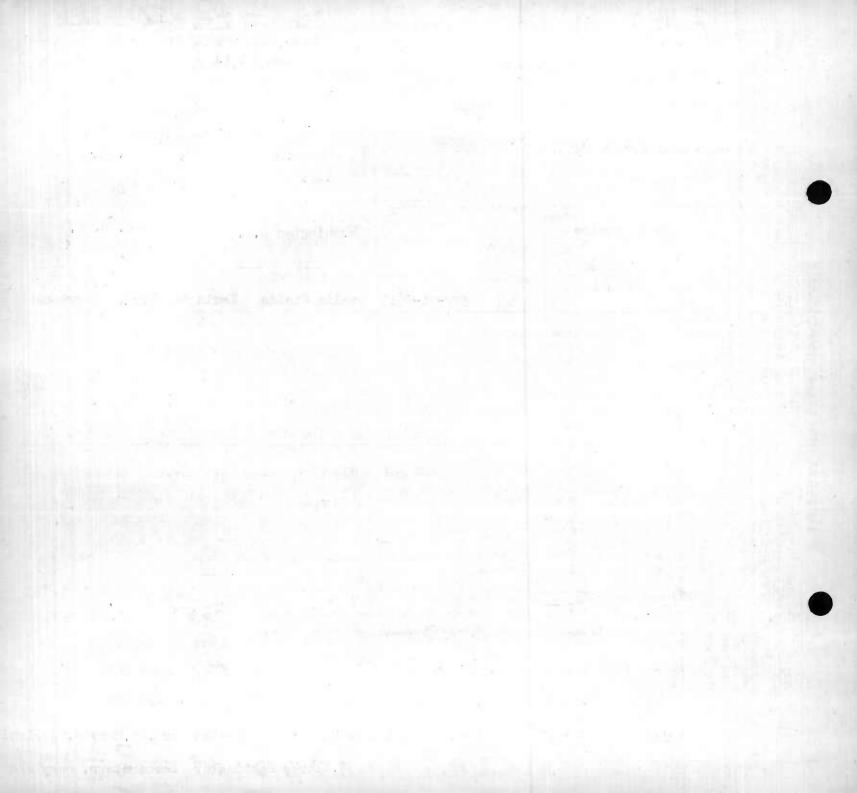
VS 151-REV. 1/1/68



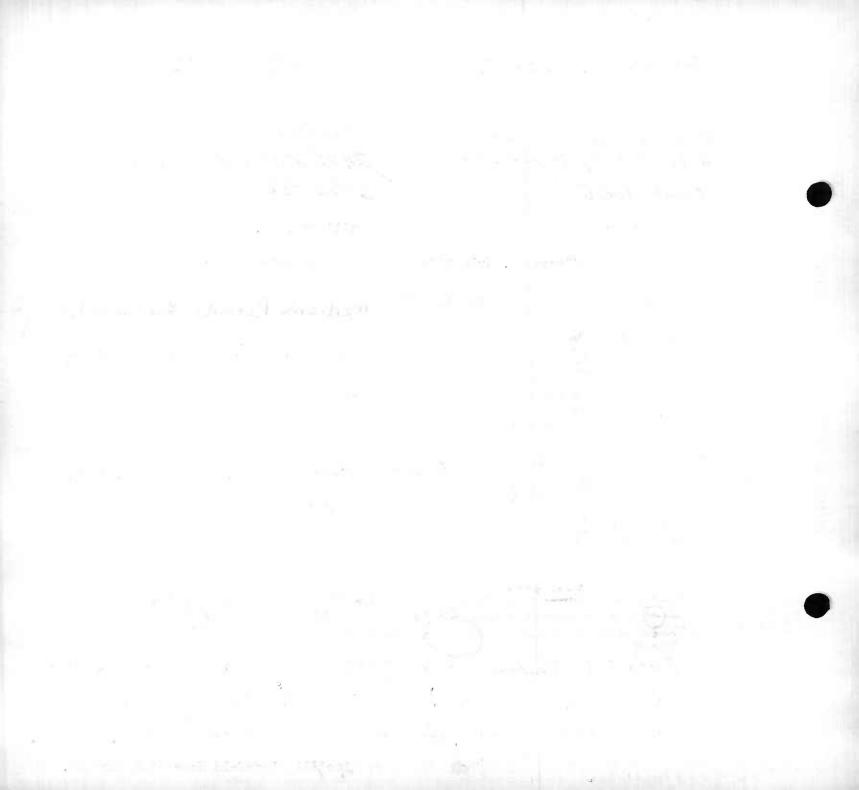
VS 150-REV. 1/1/6B



VS 150-REV. 1/1/68



VS 150-REV. 1/1/68



1, NAME OF DE		4784	CERTIFICA	TE OF DEATH	REG. NO.	10 4/84
(Type or Print)	Rev. Don F	rank Fe	nn	2. DATE /	1970	905
3. PLACE IN BA	F (IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTIT	UNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. COU Md. Ba C. CITY OR TOWN Baltimore	ltimore	Stitution: residence before (dmission) DE CITY LIMITS? YES* NO
00	115 E. Mel:	rose Av	e	E. STREET AND NUMBER 635 Colorado	Ave	
Male	6. RACE White CUPATION (Give kind of work	WIDOWED		8. DATE OF BIRTH 12/31/1890 11. SIRTHPLACE (Stote of fo	9. AGE (In yours lost birthdoy) 79	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Clergy	of working life, even if retired) RETIRED	Episco	pal Church	Wichita, Kans		USA
13. FATHER'S N.	Frank Fenn			Belle Edwar		
15. Was Decease (Yos, no or unknow No	od Ever in U. S. Armod For vn) (If yes, give wer er dete	cos? s of service)	218 36 1900	Mrs. Cleos R.	Fenn 635 Co	Lorado Ave
heort foilure injury or co	LEADING TO DEATH not mean the mode of a, estheric, etc. It means emplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the obove cause (A)	the disoase, deoth.)	DUE TO, OR AS	DEBRAL THRE ISE A CONSEQUENCE OF: A CONSEQUENCE OF:		3 DAYS
OH DEREIN	NG CONDITION last.		(c)			
OTHER SIGN TO THE DEA DISEASE OR 19 A. DATE CO	III IFICANT CONDITIONS COI ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR OF OPERATION 178. CON WAS PERF	NTRIBUTING HE TERMINAL T I (A). DITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
NO OTHER SIGN TO THE DEL DISEASE OR 19 A. DATE OF CONTRIL DEATH (not)	IIIIIONS COI ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR OF OPERATION [198, CON	NTRIBUTING HE TERMINAL T I (A). DITION FOR V	WHICH OPERATION PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	IN CERTIFYING CAL	FINDINGS CONSIDERED
OTHER SIGN TO THE DEA DISEASE OR 19 A. DATE O	II IFICANT CONDITIONS COL ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR OF OPERATION 198. CON WAS PERF ENT WAS UNDERLYING BUTING CAUSE OF	NTRIBUTING 1E TERMINAL 1 I (A). DITION FOR VORMED 21B. horr ofc. (Hour) 21E.	PLACE OF INJURY (e.g., in the form, foctory, street, of the form, foctory, street, of the foctory of the	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Saltimore	FINDINGS CONSIDERED USES OF DEATH?
OTHER SIGN TO THE DEVELOPMENT OF THE DEVELOPMENT OF THE DEVELOPMENT OF THE DEATH (not of the provided of the p	II IFICANT CONDITIONS COL ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR OF OPERATION 198. COM WAS PERF BUTING CAUSE OF fy medical examinar) (Month) (Day) (Year) Ty that (I) (this heapital a) lost sow the decease That the couses state (Type) OHN M. S	NTRIBUTING HE TERMINAL T I (A). DITION FOR VIOLENTE (Hour) 21E, Wh Wo attended to dolive on ed above. (I	INJURY OCCURRED ile At Not White At Work he deceased from	21F. HOW DID IN 21F. HOW DID I	IN CERTIFYING CAI (If in Saltimore IJURY OCCUR? 19 48 to MA that in (my) (and) opin Shaff Phys. DERE AVE,	PINDINGS CONSIDERED USES OF DEATH? e City, give exect location) 19 79 nian death occurred on the date 23B, DATE SIGNED

ne simolnes sa

and the second s

contribution of the second of the second

the state of the second former than the state of the second secon

The state of the s

and absented to the contract of the tracks are

Lid Mean 0050 or mis differ al private meaning in

.

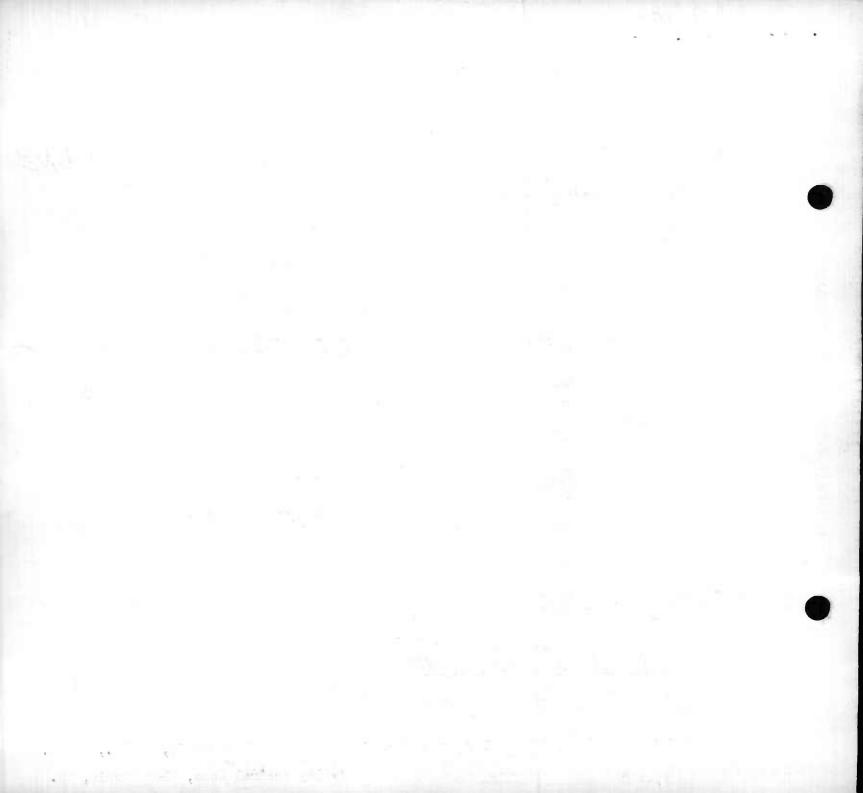
S-310 70 4785 BALTIMORE CITY HE	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 10 4700
1. NAME OF DECEASED A.	2. DATE Knawn Month Day Year Hour
(Type or Print) Dr.LUDWIG STAIB, JR.	OF DEATH Estimoted May 2, 1970
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Day Year Haur PRONOUNCED DEAD 5 2 1970 10:15 P.M.
ORINSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE B. COUNTY
St. Agnes Hospital	Ma. Talbot
6. SEX 7. RACE 8. MARRIED NEVER MARRIED X	
Male White WIDOWED DIVORCED	Easton YES 🖾 NO 🗌
9. DATE OF BIRTH Oct. 5.1905 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manihs; Doys, Haurs, Min.	Rd. #4 Arcadia Shore
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Baltimore Md. USA 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OF INDUSTRY	L. A. Staib
done during most of working life, even if relired) Chemist Mentholatum Co. Buffalo	Dorothy E. Faber
i6. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, or unknawn)(If yes, give war or doles af service) 17. SOCIAL SECURITY NO.	IB. INFORMANT Box 458 ROPRESS
139-09-593	
ig CAUSE OF DEA	
LEADING TO DEATH	rotic cardiovascular disease
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which coused death.)	S A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST	
O II	
OF TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes ar No)
. ()	yes
UNDERLYING OR CONTRIB.	in or about 22C, WHERE DID (II in Boltimare City, give exact location) bldg., etc.) INJURY OCCUR?
22D. TIME (Manih) (Day) (Yeor) (Hour) 22E.INJURY OCCURRED.	22F. HOW DID INJURY OCCUR?
(APPROX.) m. WHILE AI WORK AT W	WHILE ORK
23. I certify that I held on Inquiry Inspection Au	topsy and that on this basis, deoth in my opinion
resulted from: Notural couses 🗵 Accident 🗌 Suicid	Homicide Undetermined monner
ACTUAL ONE	CHIEF MEDICAL EXAMINER X
SIGNATURE Office M.D.	ASSISTANT MEDICAL EVAMINED
EXAMINER'S NAME (Type) Russell S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER 5-4-70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	
Burial 5/7/70 Loudon Pa	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS Mitchell-Wiedefeld 6500York Road

20ki. 6:300 Low parentalish Physics Monthalatan Co. (milalo | Derethy S. Senter | Series | Pater | Co. (milalo | Derethy | Derethy | Co. (milalo | Derethy | D Tall through Latte Miccost - Wiconst - 11 const

IMPORTANI

DIRECTOR:

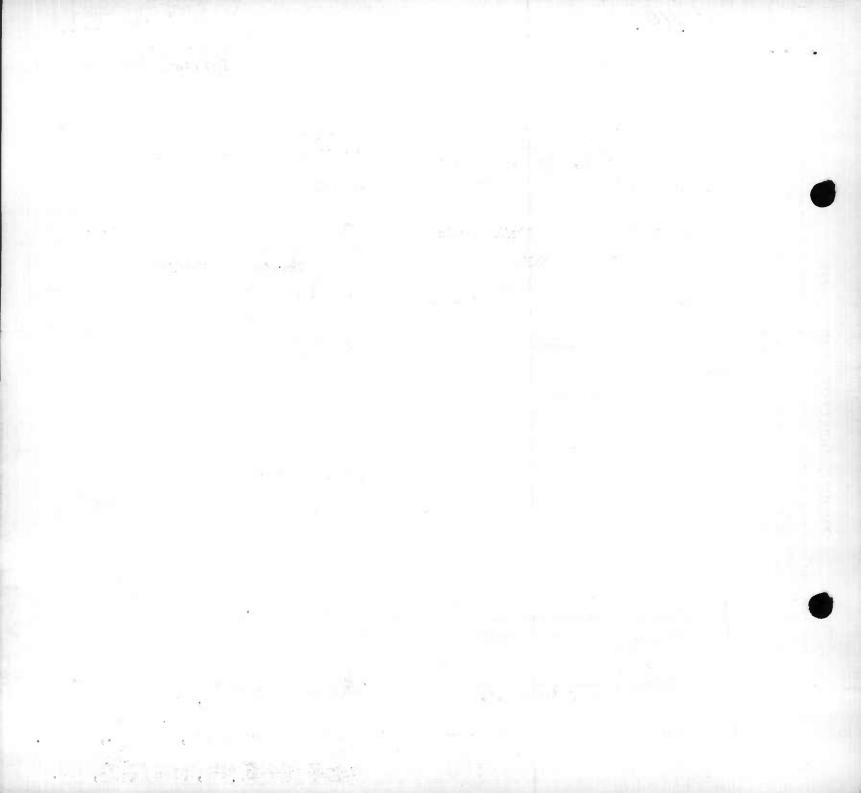
FUNERAL



May 5 1970 4:10 A N

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

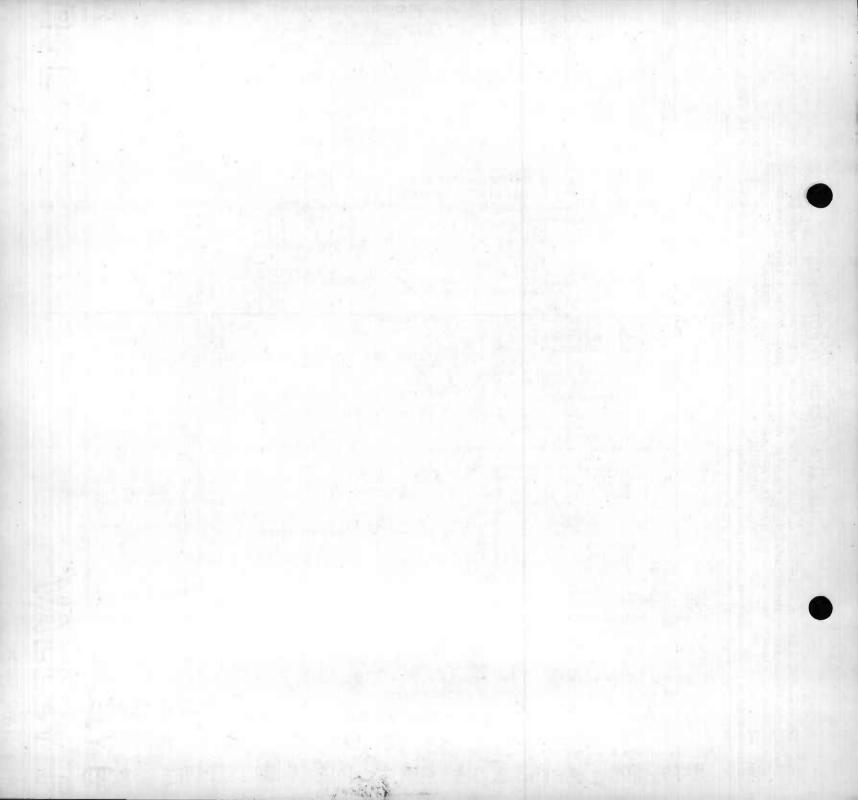
A. STATE R. COUNTY D. INSIDE CITY LIMITS? NO XX If Under 1 Y. Months! Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 m 208 IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If to Boltimore City, give exact location) and that in(my) (our) opinion death occurred on the date 排21224 (City, town, or county) (Stote) AA CO., Md. 258-NAME OF REGISTRAR Kirkley Funeral Home, Glen Burnie, VS 150-REV. 1/1/68

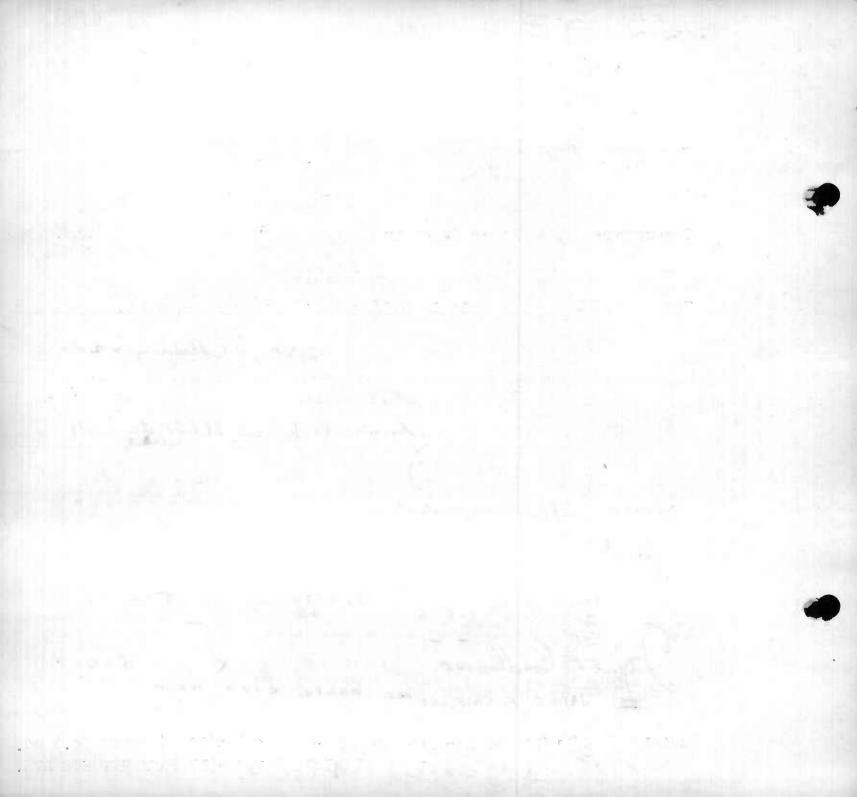


VS 150-REV, 1/1/68

IMPORTANT

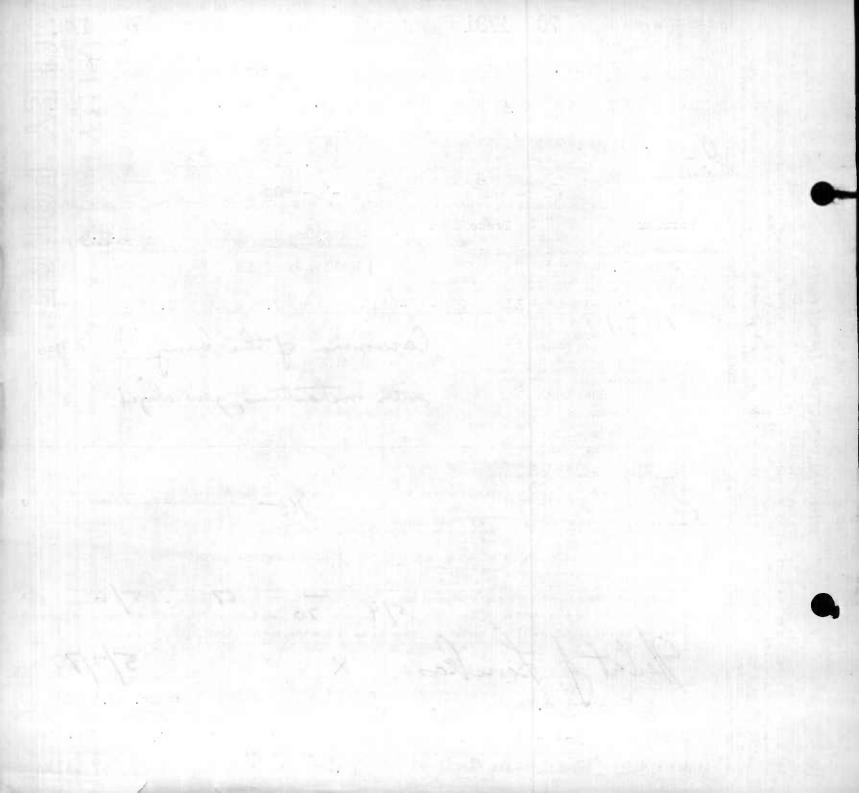
FUNERAL DIRECTOR:

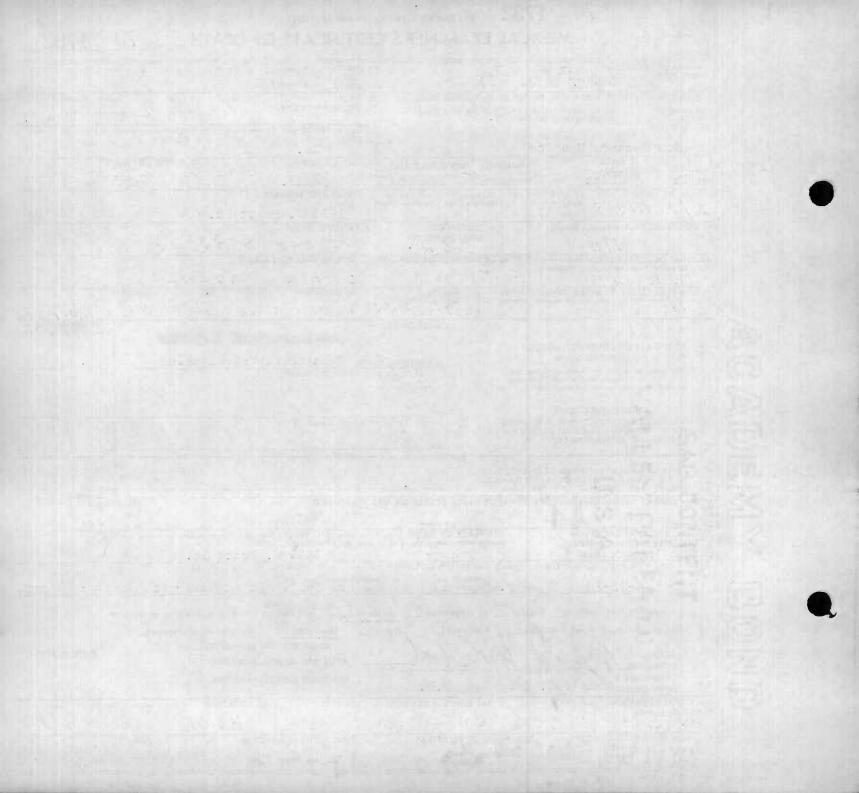




IMPORTANT

FUNERAL DIRECTOR:





IMPORTANT

FUNERAL DIRECTOR:

T. 0			BALTIMORE CITY	HEALTH DEPARTMEN	IT	70 4793			
BIRTH NO.	70 47	93	CERTIFICA	TE OF DEAT	H REG. NO	70 4793			
1. NAME OF DE	111				E AND HOUR OF DEATH				
E	FFIE TO.	TRACE	Υ		Y 9, 1970	11:50			
3. PLACE IN BA	LTIMORE MARYLAND, V	VHERE PRONO	UNCED DEAD	A. STATE B. C	(Where deceased lived, If in	stitution: residence before admi			
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	TAL OR INSTITU	UTION, GIVE STREET	MARY LAND	ID. INS	IDE CITY LIMITS?			
MONTE	BELLO STI	HTE 1	rusp	BALT IM	ORE	YES NO 🗌			
91.	*	on the first			nion Are				
SEX	6. RACE	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years tast birthday)	If Under 1 Ye If Under 2 Hours A			
OA. USUAL OCC	UPATION (Give kind of wor	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Sieto of	r fareign country)	12. CITIZEN OF WHAT COL			
Textil	working life, even if retired) e Worker	Ret	ired	Md.		USA			
3. FATHER'S NA				14. MOTHER'S MAIDEN					
	illiam Ensc	_		Sara Rai	ffensberger				
5. Was Deceased Les, no or unknown	Ever in U. S. Armed Fa	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
No.			ج ا	Thomas R.	Tracey - 13	20 Union Ave.			
18. 25	0,91		CAUSE OF DEAT	H		APPROXIMATE INTER			
DISEA	SE OR CONDITION DI	RECTLY	Right	Sided hemi	ipleges	BETWEEN ONSET AND			
(Th:- 1	LEADING TO DEATH		(A)IMMEDIATE CAL		1 0-	9 dan			
heart failure,	nal mean the mode of osthenia, etc. It means	the disease.		DUE TO, OR AS A CONSEQUENCE OF:					
injuty of con	nplication which caused	death.)							
	ANTECEDENT CAUSES		m Dia	beks mode.	10.5	No m			
DISEASES C	OR CONDITIONS, IF	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	u.v				
UNDERLYING	above cause (A) G CONDITION last,	stating the	(c)						
	11		(C)		***************************************				
ITO THE DEAT	ILI ICANT CONDITIONS CO ILI BUT NOT RELATED TO T	HE TERMINAL	Uri na	u tract	ailect in	months			
19A. DATE OF	ONDITION GIVEN IN PAR OPERATION 198 CON	TI (A).	VHICH OPERATION	A	r No) 208. IF YES, WERE I				
19A. DATE OF	WAS PER	FORMED		No	IN CERTIFYING CAL	USES OF DEATH?			
21A. ACCIDE	NT WAS UNDERLYING	218,	PLACE OF INJURY (e.g., in	or about 21C. WHERE DI	D At In Rollimor	City, give exact lacation)			
OR CONTRIBLE	ITING CAUSE OF medical examines	hame etc.)	, form, factory, street, at	fice bldg. INJURY OCCU	R?	e City, give exoct ideotion;			
21D.TIME	(Manth) (Day) (Year)	(Houd 21E	INJURY OCCURRED	21E HOW DID	INJURY OCCUR?				
(APPROX.)			e At C Not While		more occor				
22. I certify	that (1) (this hospital) ottended th	e deceased from L	t - 1 -	1970 to Ma	ry 9, 197			
that (I) (we)	lost sow the decease	d olive on	may 9	19 <u>79</u> on	d that In(my) (our) opin	nion death occurred on the			
ond hour one	from the couses stot	ed obove. (I)		lew the body ofter dec	the				
23A. SIGNATU						23B, DATE SIGNED			
Ke. S	trongeleent	In	Dhum	nding Med.	Staff Phys.				
23C. PHYSICIA NAME (T	N'S O	0.40	DEGREE	3D. ADDRESS	11173-/	may 9, 197			
M	INAYATU	LL AH		MONTERE	LLO STATE	E HOSP BAL			
REMOVAL	MATION, 248, DATE		ME of CEMETERY OF CRE			y, town, or county) (Sto			
Burial	5/12/7	0 Wes	ley Chapel		Carroll Co				
	BY HEALTH DEPT.	258 NAME O		25C. FUNERAL DIREC		ADDRESS			
ABY I T	MINISTER OF THE PARTY OF THE PA	Talley &		The second secon	ovan - 3818				
The state of the s		- value design							



NO

U.S.A.

Searles Road

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Md. 21222

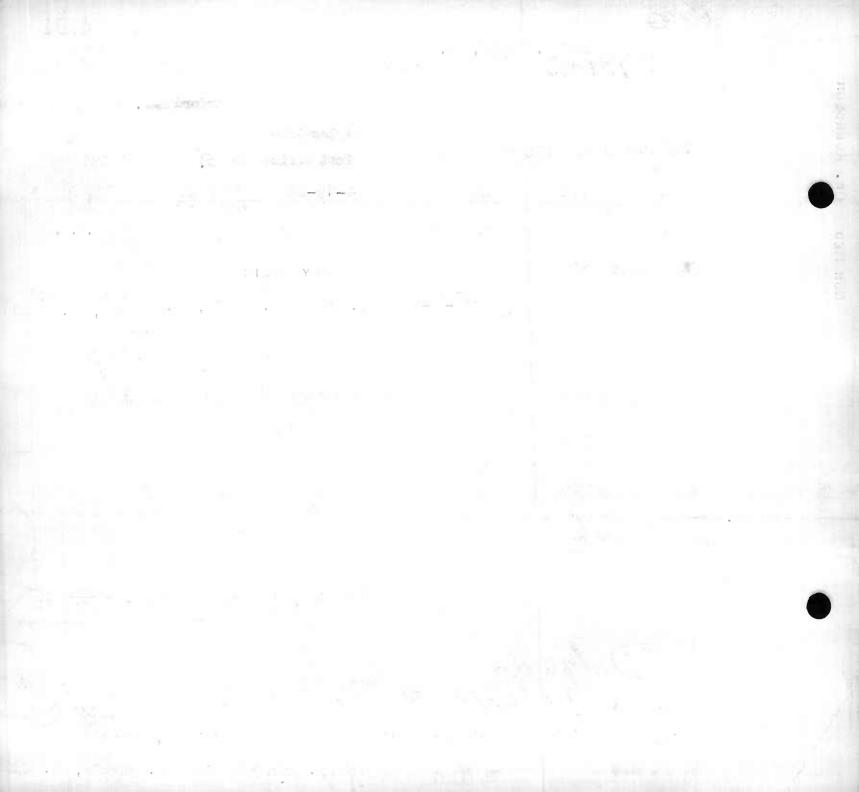
Il Under 24 Hrs. Hours : Min.

21132

ADDRESS

KORNBLUM

MED

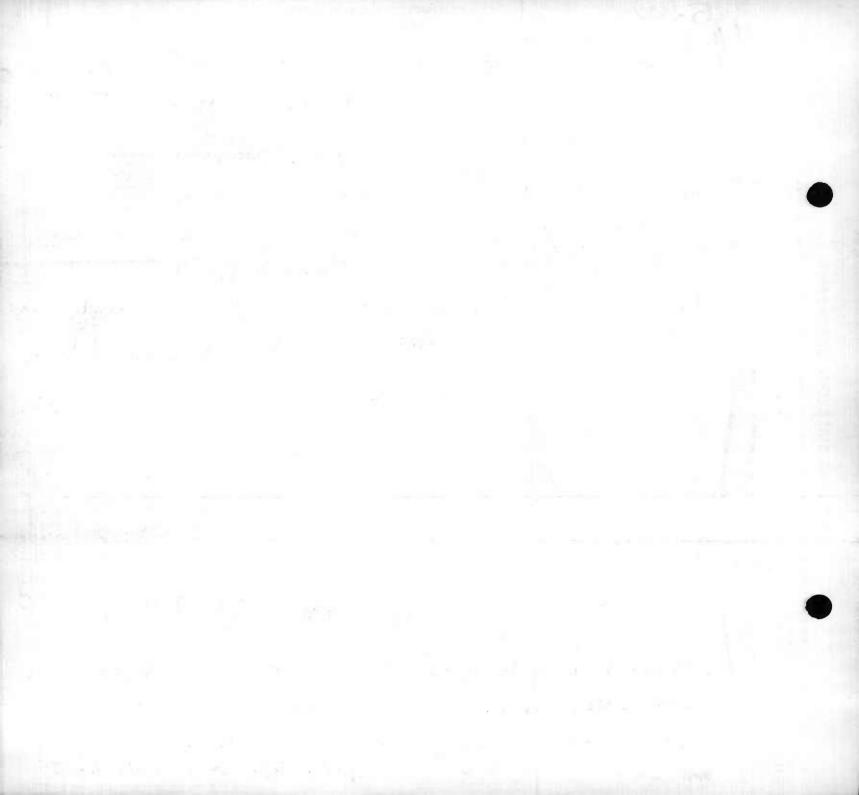


A-536 BIRTH NO.	70 47		TE OF DEATH	REG. NO	70 4795
I. NAME OF DECEASED	ON, CLAUDE G		2. DATE AN 5/5/7	ND HOUR OF DEATH	7:40R
3. PLACE IN BALTIMOR	MARYLAND, WHERE			re deceased lived. If i	institution: residence before admission
Vete		tration Hospital	c. CITY OR TOWN Baltimore	D. INS	SIDE CITY LIMITS? YES NO
	imore, Maryla		E. STREET AND NUMBER 338 S. Newk:	irk St	A.1
	ite WID	RRIED NEVER MARRIED DIVORCED DIVORCED	11/0/03	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
done during most of working Mill Wright	life, even if retired)	nd of Business or Industry	Page, Va.	gn country)	12. CITIZEN OF WHAT COUNTI
13. FATHER'S NAME Benjamin A			14 MOTHER'S MAIDEN NAM Hutoka Taylor	ME	post s
15. Was Deceased Ever In (Yes, no or unknown) (If yes Yes 9/18	U. S. Armod Forces? give war or dates of so /17-6/4/19	16. SOCIAL SECURITY NO. 213-07-6913		spital Reco	ords Balto., Md 21218
DISEASES OR CO rise to the about UNDERLYING CON	EDENT CAUSES NDITIONS, if ony, if one, if one	the (c) Emphyse TING COT pull	nonale	***************************************	isease 1 year 2 years 1 year
OTHER SIGNIFICANT ITO THE DEATH BUT ITO THE DEAT	ON GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	•	FINDINGS CONSIDERED LUSES OF DEATH?
OR COMPRISING	UNDERLYING CONTROL OF CONTROL OF CONTROL	21B. PLACE OF INJURY (e.g., indice, form, factory, street, of otc.)	n or obout 21 C. WHERE DID	(If In Boltimo	re City, give exect location)
DEATH (notify medical	(Doy) (Yeor) (Houd	215 INJURY OCCURRED While At		URY OCCUR?	
22. I certify that (I) that (I) (we) lost s	(this hospital) atten ow the deceased alive	ded the deceosed from Ar	ril 30th 1		Tay 5th 1970
		ve. (1) (We) (did) (did) (did) v	lew the body ofter death.	Shaff Phys.	23B, DATE SIGNED
23C. PHYSICIAN'S NAME (Typo)	SAYYED SHAH,	M.D. GEGREE	3900 Balti	Loch Raven	5/5/70 Blvd., 1218
BURIAL GREMATION REMOVAL (Specify)	5/8/70	BALTC. NATL.	MATORY 24D. LC		
MAY 1 1 197	Daber E. Jo	Ben MD O	25G. FUNERAL DIRECTOR	ELLS S	OUS 300 AIR

Assistance A

9 11	1	0 4	100	BA	ALTIMORE CITY H	ALTH DE	ARTMENT				חניי	AMOO
5-16	0	MED	DICAL	. EXA	AMINER'S	CERTI	FICATE	OF	DEAT	H.	70	4796
BIRTH NO.								<u> </u>		REG. NO)	
1. NAME OF I	DECEASED	WILLL	AM S	PARE		2. DATE	Knawn	0	Manih	Doy	Year	Hnur
						DEAT	Estimot	ed 🗆				
4. PLACE IN E						3. DATE	OUNCED DE	AD	Manth	Doy	Year	Haur
FULL NAME OF HOSPITAL OR INSTITUTION	ADD	RESS OR LOCA	ALOKINS	IIIUIION	, GIVE SIKEEI				May	5,	1970	9:10 A.
OK INSTITUTION		Vashing	ton D	1,,,,	(DOA)	A. STATE	L RESIDENCE	(Where	deceased 1	ived. If Instituti	an: residence	before admission)
00		vasiiing			(DOA)		Maryla	and			21	053
6. SEX	7. RACE		8. MARR	IED 🔲	NEVER MARRIED	C. CITY	OR TOWN-			D. INSIDE	CITY LIMITS?	
Male		nite	WIDOV		DIVORCED		Baltin				YES E	NO 🗆
9. DATE OF BI	4	lost birthdo	n years	If Under Manths	1 Yr. If Under 24 Hrs. Days : Hours : Min.	E. STREE	T AND NUM					
12/2		28 /	25				4446 (Clai	rway S	treet		
II. BIRTHPLAC	E(State or for	eign country)			ZEN OF AT COUNTRY?		ER'S NAME					
/	nD.			115	A	IN	m.	SPI	ARE			
done during most	of warking life,	even if relired)	14B. KINE	OF BUS	INESS OR INDUSTR				Æ			
TRUCK	OR	IVER				14	ELEN	1	115K			
(Yes, no or unkno	wn) (If yes, giv	o war ar dates	of service)	SOCIAL SECURITY NO.	18. INFO					ADDRESS	
119.				2	12-40-6276		RLEY S	PA	RE	AB	ove	
E9	65 X				CAUSE OF DEA	TH						PROXIMATE INTERVAL TEEN ONSET AND DEA
DISE		IDITION DIRE	CTLY									
(This does	LEADING		log e.g		(A)IMMEDIATE	CAUSE	Günshot	WO!	and of	chest.		
heart lalle	re, asthenia, e	e made of dy itc. It means the hich caused de	disease,		DUE 10, OR	AS A CONS	EQUENCE OF:					
	ANTECEDEN				(B) DUE TO, OR	10 1 00 1						
RISE TO	HE ABOVE C	TIONS, IF ANY AUSE (A) STATITION LAST.	ING THE		DUE 10, OR	AS A CON	SEQUENCE OF	F:				
Z	fing cond	IIION LAST.			(c)							
OTHER SIN TO THE DISEASE		11	0.1-01014									
O THE D	EATH BUT NO	ONDITIONS CO	THE TERM	INAL								
20A. DATE		N GIVEN IN PA			ICH OPERATION W	AC DEREC	DILLED.					
le l	OI OI BIANII	200. CO.	ADIIIO14	rok wa	ICH OPEKAHON W	AS PERFO	KMED				21. AUTO	PSY? (Yes ar Na)
₹ 22A. FXT	ERNAL CAUS	E WAS		228 DI A	CE OF INHIBY/		LOOC MUSEUS					es
UNDERLYIN	NGX OR CO	NTRIB-		home, far	CE OF INJURY (e.g., m, foctory, street, affic	a bldg., etc.						THE S
≥ 22D. TIME	(Month)	(Doy) (Year	r) (Hour	A 1225 I	NJURY OCCURRED		2328 22F. HOW D	Was	ningto	n Blvd.	- 4	O TO A
OF INJURY	•			MARINI	EAT - NOT	WHILE X						
23.	5-4-	/U 10:3	30 P.	m. WOR	K LI ATV	ORK X	Shot	luri	ng att	empted	burgla	ry
	ertify that I	held on I	noulry [7 In	spection Au	tonsy 🔽	and the	t on th	ie haete	death in my	e onlaien	
		Natural cau			dent Suicid	- Janes	Homicide D	7				
		SIM	/	- 11	3611 L 301C1		CHIEF MED			ned manner		
ACTU		allen	Mille		1	24	SISTANT MED					DATE SIGNED
SIGNA		T = 2 3 = = =	Mil	1 -1-1 -	1.M		SOCIATE MED				34 6	1070
	(Type)	Isidore	Mina	такіз	s, M.D.	AS	OCIAIE MED	ACAL E	KAMINEK		May 5,	1970
24A. BURIAL CR REMOVAL (Sp.	EMATION,	24B. DATE		24C. N	AME of CEMETERY	or CREMA	TORY	1	OCATION		rn, ar caunly)	(State)
1 .7	119 T-	5/8	/20	M	EADOWRIO	GE		B	ALTO	44.0		
254. DATE REC		DEPL	258 N		REGISTRAR		. FUNERAL D	IRECTO	R	MD	ADDRESS	
MAY 1	TAM.	Unbert &	Jan Jan	seco A	14							
L	/40		11)	1		1	169, 690	10/1	ELLI	2016	> 30	on mine
VS 151-REV. 1/1,												

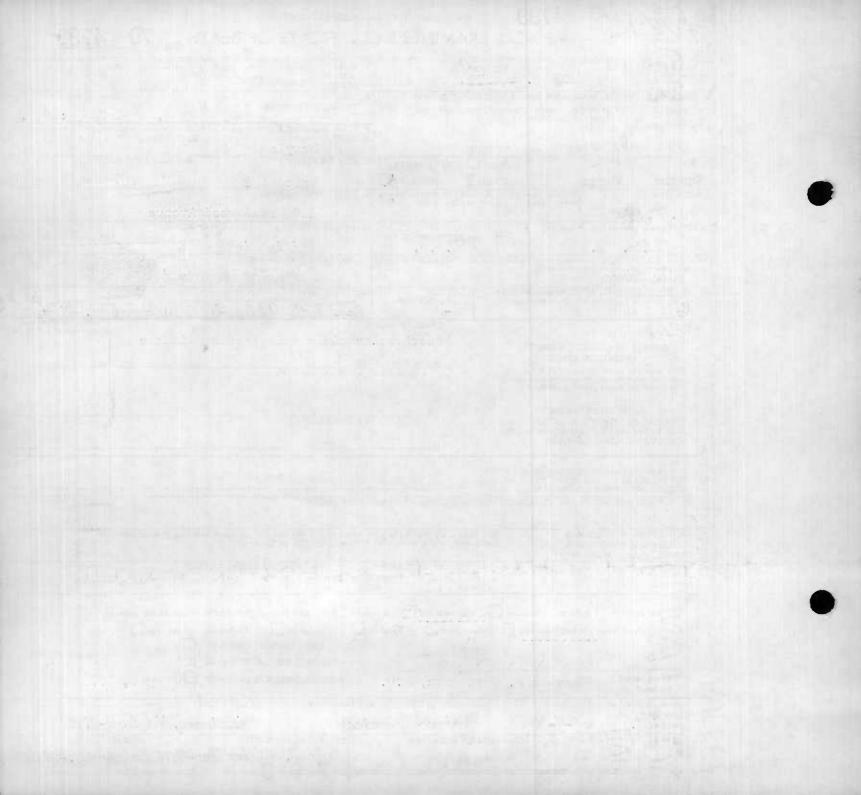
4446 Clareway THE RESERVE AND THE RESERVE AN



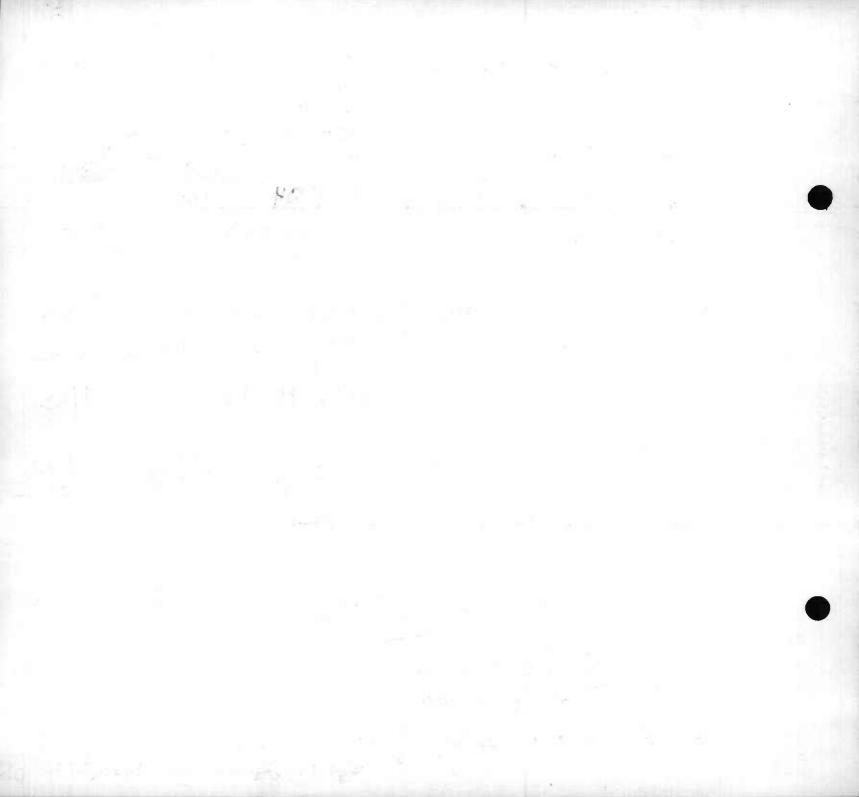
(Stotel

5 2 4 6 21 Dispose & com a it. To deres a com CF 32 FL 3 V 9 A the grant of the same THE TIME STATE STATE OF THE STA The property of the property of and the statement of homes musedly 3-36 25 5 5 Trung me con it amount may int

VS 151-REV, 1/1/6B

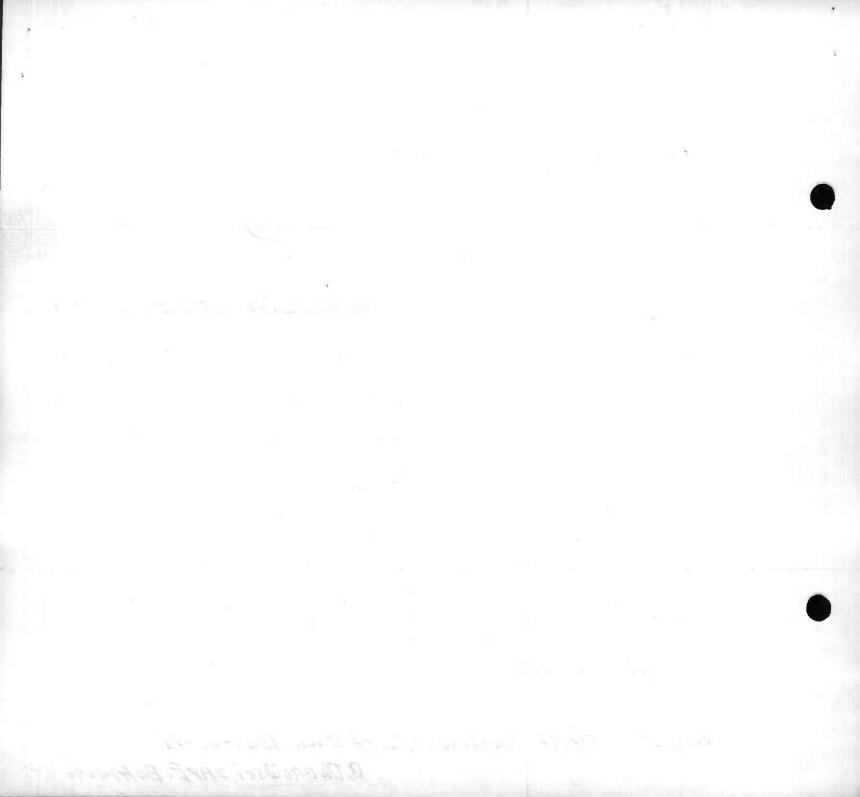


	BIRTH NO. CERTIFICA	TE OF DEATH X REG. NO. 70 4800					
	I. NAME OF DECEASED (Type of Print) EMANUEL GEREN.	2. DATE AND HOUR OF DEATH 5-8-70 A					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONDUNCED DEAD	A. STATE B. COUNTY A. STATE B. COUNTY					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	[11] BRYCHND, Ralto, 5 300					
	INSTITUTION //	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES TO NO []					
.4	ROWAI MOSPITAL	E. STREET AND NUMBER					
-	5. SEX 6. RACE A. 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs.					
IS m	WIDOWED DIVORCED	3-18 Old lost birthdoy) LL Months Doys Hours Min.					
	10A. USUAL O CCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired)						
disposition	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Sp		The state of the s					
5	15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS					
	118. (44.20 CAUSE OF DEATH	misjulia Geslen Same					
0	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
E	LEADING TO DEATH (This does not mean the made of duing a g. (A) IMMEDIATE CAU	SE THYO CARDIA 2 WEARCTION HRS.					
	heart laiture, asthenia, etc. It means the disease, injury ar camplication which caused death.)	CONSEQUENCE OF:					
	ANTECEDENT CAUSES	HJ, HI) YRS					
5	DISEASES OR CONDITIONS, it any, giving DUE TO, OR AS rise to the above cause (A) stating the	A CONSEQUENCE OF:					
	UNDERLYING CONDITION last. (C)						
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	nie Lymphonie Leukaemia 142					
	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPS (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
2 11	CONTRIBUTION OF THE PROPERTY OF THE OWNER OWNER OF THE OWNER	1					
	DEATH (nonly medical examine)	ee piode undrikt OCCOXS					
	I (WALKOX) I MOI ANDIG	21F. HOW DID INJURY OCCUR?					
	Work At Work	7					
	that (1) (me) lost sow the deceased olive on 2-8	19 70 to 3 19 70 19 70 and that in (my) (our) apinian death accurred an the date					
	and haur and fram the couses stated above. (1) (We) (did) (did not) vi	ew the body after death.					
	23A. SIGNATURE AHen.	ding Med. Shoff					
	DEGREE Phys.	Director Phys. D					
	T. BLONOVAN.	SCRAI HOSPITAL					
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	AATORY 24D. LOCATION (City, town, or county) (\$tgle)					
2	5A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS					
	MAY 11 1970 Claber F. Janker Ald 10 0 0	Sylvers Low & Son 9610 Reistenburg					

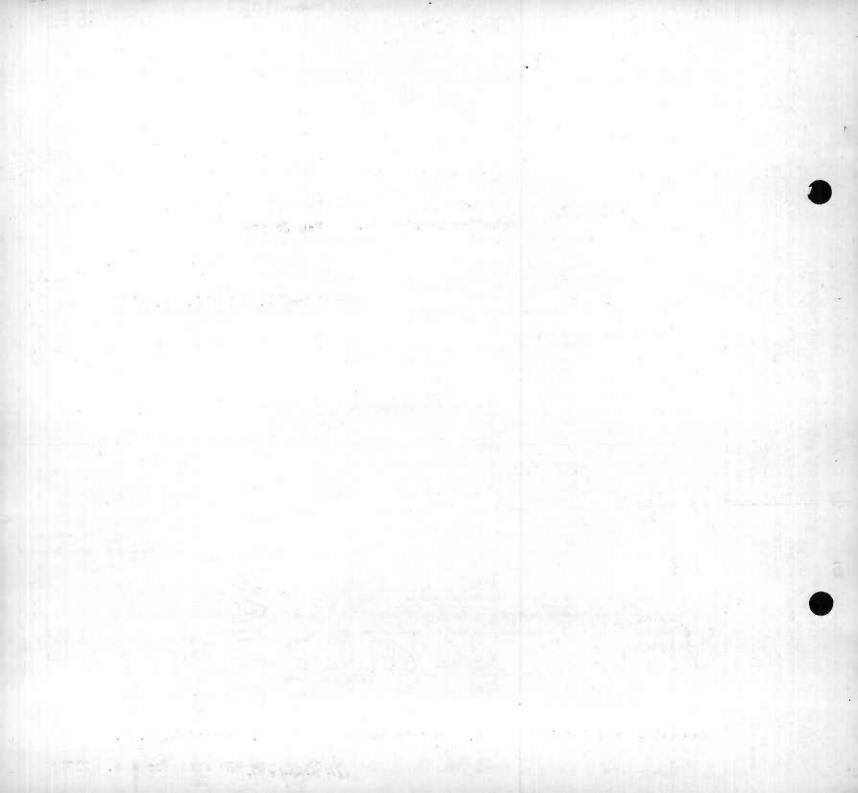


DIRECTOR:

FUNERAL

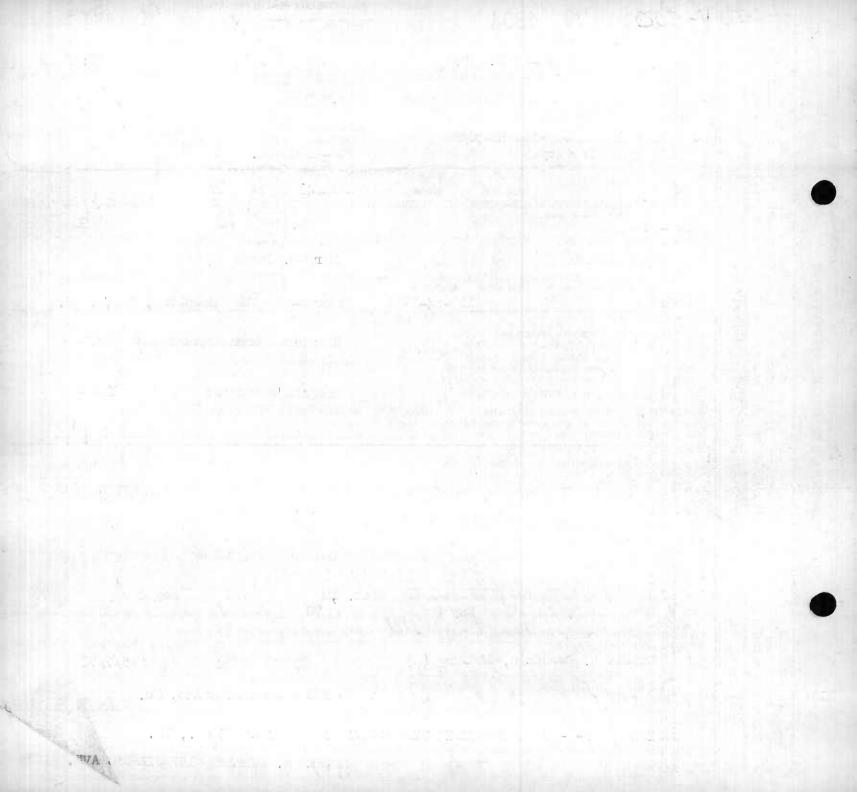


1/1	BALTIMORE CIT	Y HEALTH DEPARTMENT	70 4000
111-420 70	4802 CERTIFICA	ATE OF DEATH X REG. NO.	70 4802
I, NAME OF DECEASED Type or Print) ALTRED D.	MALUSKI	2. DATE AND HOUR OF DEATH	1130p
3. PLACE IN BALTIMORE, MARYLAND, WHER	E PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decoused lived, 11) A. STATE B. COUNTY	stitution: residence belord admissia
HOSPITAL OR ADDRESS OR LOCATIO	OR INSTITUTION, GIVE STREET	MARYLAND BALT	IMORE 520
INSTITUTION		BALTIMORE	YES X NO
THE JOHNS HOPKINS	HOSPITAL	E. STREET AND NUMBER	123 82
.3.3		4300 CORTEZ ROAD	21225
6. SEX 6. RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months Days Hours Min.
MAIF WHITE W	IDOWED DIVORCED	3-3-22	Total Superinter Super
OA. USU'AL OCCUPATION (Give kind of work 10B	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNT
Foreman	Schaffer Brewing C	New Jersey	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
FRANK MALUSKI		MARY CHUMRA	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS 21 205
(Yes, na ar unknown) (If yes, give war ar dates of	service) SECURITY NO.		ADDRESS 21225
Yes WW2	CAUSE OF DEAT	MMr Alfred D. Maluski, Jr	. 4300 Cortez Md.
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE ACTION 1998. CONDITION	IBUTING ERMINAL (A). (B)	Yes IN CERTIFYING CA	FINDINGS CONSIDERED NO
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, lorm, loctory, street, etc.)	office bldg., INJURY OCCUR?	ony, give oxodi decinali,
OF INJURY (Month) (Doy) (Year) (H		21 F. HOW DID INJURY OCCUR?	1
(APPROX.)	While At Not Whi	ile 🔲 1	-1-
22. I certify that (1) (this hospital) at	tended the deceased from	5/9 19/0 to	19/0
that (1) (we) lost saw the deceosed o	p-/-	7 -	inion death accurred on the d
and hour and from the couses stated	3/		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
23A. SIGNATURE	obove. (1) (we) (did) (see nor)	view the body offer death.	23 B. DATE SIGNED
Man 11 W		rending Med. Staff	(17/10
23C. PHYSICIAN'S	Decker Ph	ys. Director Phys. 23D. ADDRESS	13/1/
NAME (Typel	0511010		HOCDITAL
CLARENCE W.	GEHRIS DEGREE		HOSPITAL
REMOVAL (Specify)	24C. NAME of CEMETERY OF CE	REMATORY 24D. LOCATION (C	City, tawn, or caunty) (Stotel
Removal - Buriel 5/12/70		tery E. Brunswick,	N. J.
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR M. G. W. F. 237 Pataps	ADDRESS
'S 150-REV, 1/1/6B			

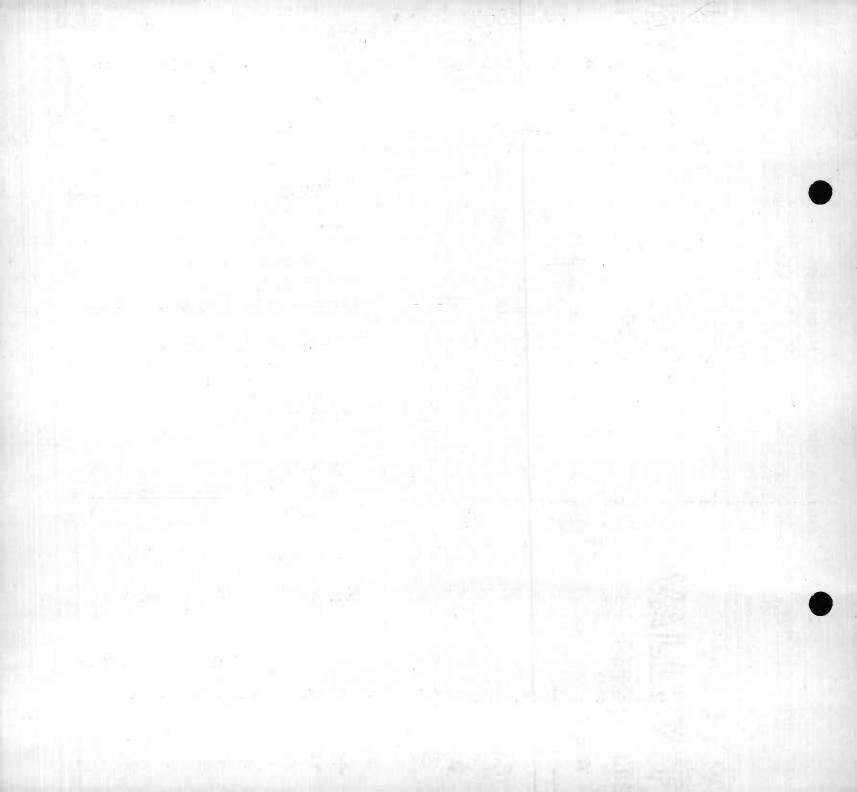


7	4-630 70	4000			TH DEPARTMENT		70	4803
BIR	RTH NO.	4803	CERTIF	ICATE (OF DEATH	REG. NO	10-1-0-1	.4000
	PE OF Print)	1617 1 251				AND HOUR OF DEAT	Н	
3.	PLACE IN BALTIMORE, MARYLAND,	Mildred	D.	lla lle	May	7th,1970		3:10 R.M
i				~~	3. CO	here deceased lived. II	institution; resid	lence befare admissio
HO	ILL NAME OF STATE OF LOS ADDRESS OR LOS ADDRESS OR LOS	PITAL OR INSTITU	JTION, GIVE STREE		aryland		1	582
104	Saint Agnes	Hospital		li li	Y OR TOWN	D. IN	ISIDE CITY LIMIT	
	40 Caton & Wilk	ens Aves			Baltimore EET AND NUMBER		YES X	NO 🗌
	7		21229	10	005 Wilming	ton Ave.		
5. 5		7. MARRIED	NEVER MARRIE	D 8. DAT	E OF BIRTH	9. AGE (In years	If Under 1 Months; Do	Yr. , If Under 24 H
	emale White	WIDOWED	DIVORCE	10	-19-1920	lost birthdoy) 49	Months: Do	ys Hours Min.
10A don	USUAL OCCUPATION (Give kind of w	ork 108. KIND OF	BUSINESS OR IND	USTRY 11. BIR	THPLACE State or fo	reign country)	12. CITIZEN	OF WHAT COUNT
	ousewife			I	ndiana		U.S.	Δ
13.	FATHER'S NAME			14. MC	THER'S MAIDEN N	AME	1 0.0.2	
	Albert Lagenou				Catheri	ne (Unknov	wn)	
15. \ (Yes	Was Deceased Ever in U. S. Armed F s,no or unknown) (If yes, give war or do	orces?	1 6. SOCIAL	17. INF	DRMANT	(0 1110110)		ODRESS 2120
	799 819 1101 01 00	01 3611166/	SECURITY NO. 220-22-57	733 Mm	Tamos 1.7	Uander 1000		2122
	18. // // //		CAUSE OF		James W.	Hardy, 1005		PPROXIMATE INTERVAL
NO	ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above couse (A: UNDERLYING CONDITION last OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO	any, giving staling the	(c) dise	PLETTO SC DR AS A CONS	EQUENCE OF: Hear B	lock.	arley	2 years
	19A. DATE OF OPERATION 119B. CO	RT 1 (A).	HICH OPERATION	120A.	AUTOPSY? (Yes or N	al 208 IF VSC Week	EINDINGS CO.	NEIDERE
2	WAS PE	RFORMED				IN CERTIFYING C	AUSES OF DEA	TH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inally medical examined	218, i hame elc.)	PLACE OF INJURY (, form, foctory, stre	e.g., in ar obou et, affice bldg.	21C. WHERE DID	(If In Boltima	ore City, give ex	oct location)
MEDI	21 D. TIME (Manth) (Day) (Year) OF INJURY		NJURY OCCURRED		21F. HOW DID IN	JURY OCCUR?		
	[APPROX]	While		While				
2	22. I certify that (I) (this hospita	l) attended the				19 70 to Ma	4 7	1970
1	that (I) (we) last saw the deceas	ed offive on		0 19		hat in (my) (our) ap	A	
0	and hour and from the causes sta	red abave. (I)	(We) (did) (did n	at) view the	body after death.	- Committee of the comm	a-will di	
2	23A. SIGNATURE			Source on			238. DATE SI	GNED
		Fund 1	DEGREE	Attending Phys.	Med. Director	Shaff Phys.	5	7-70
3	23C. PHYSICIAN'S NAME (Type)	1		23 D. ADD		,		
	Bizhan	-Eorahimy	DE	GREE				
4A.	BURIAL CREMATION, 248. DATE REMOVAL (Specily)	24C. NA	AE of CEMETERY O	CREMATORY	24D, I	OCATION (C	ity, town, or cou	unty) (State)
E	Burial 5-11-19		timore Nat	ional Co	emeterv F	Baltimore, M	arvland	
5A.	DATE REC'D BY HEALTH DEPT.	258 NAME OF	REGISTRAR	25C	FUNERAL PIRECTO	R	/	DDRESS
	MAY I I STU (Kolsen A)	A. Jacken	MA	Но	watd H. Huf	bard, 4107	Wilkens	Ave. 2122
5 1:	50-REV, 1/1/68							





21 nu	2 70	4000	BALTIMORE CITY	HEALTH DEPARTMENT	. /	70 1007
111-24	2	4805	CERTIFICA	TE OF DEATH	REG. NO	70 4805
BIRTH NO.	CEASED			2 DATE	AND HOUR OF DEATH	
Type or Print)	Helen May	Mc Calli	icher	2, 57,12	May 6, 1970	15.40 PM
B. PLACE IN BA	ALTIMORE MARYLAND, V			4. USUAL RESIDENCE (V		5:40 PM r
	The state of the s	VIII LIKE I KOITO	ON CLE DING	A. STATE B. CO	UNTY	1/ 2.
ULL NAME O	F (IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET		caster	1-35
NOITUTIEN				C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
US Pul	blic Health Se	ervicae	Hospital	Lititz		YES NO NO
2X:	3100 Wyman Par	kway		E. STREET AND NUMBER		
SEX	6. RACE	7. MARRIED	*NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	It Under 1 Yr. , If Under 24 Hr.
F	W	WIDOWED		5/17/43	lost birthdoy)	Months Doys Hours Min.
A. USUAL OC	CUPATION (Give kind of wor			11. BIRTHPLACE (State or 1		12. CITIZEN OF WHAT COUNTE
	of working fite, even if retired)			Pa.	,	USA
Housey						UOA
FATHER'S N.				14. MOTHER'S MAIDEN N	IAME	
Day	vid F. Graham			Roberta	Krewson	
	ed Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFORMANT		ADDRESS
s, no or unknov	vn) (It yes, give wor or dote		SECURITY NO.			
No			1752-34-1367		PHS Hospital,	
1B. 20	5.0 1		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISE	ASE OR CONDITION DI	RECTLY		A		
	LEADING TO DEATH		(A) IMMEDIATE CAU	se Acare myer	ocytic leuken	mia Months
	not meen the made of		DUE TO, OR AS	A CONSEQUENCE OF:		
	e, asthenia, etc. It means amplication which caused					
	ANTECEDENT CAUSES					
DISEASES			(B)	A CONSEQUENCE OF:		
	OR CONDITIONS, if the abave couse (A)		DUE TO, OR AS	A CONSEQUENCE OF:		
	NG CONDITION last.	oraning me	(c)		450050550000000000000000000000000000000	
	II					
OTHER SIGN	IFICANT CONDITIONS CO	NTRIBUTING		Bilateral	nneumonia	Days
TO THE DE	ATH BUT NOT RELATED TO 1	HE TERMINAL	*************	DITA WI GT	bicamonia	Days
		IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
19A. DATE	WAS PER	FORMED		7700		USES OF DEATH?
	ENT WAS UNDERLYING	1 218	PLACE OF INILIRY (e.g., in	yes or obout 21 C. WHERE DID	yes	re City, give exact location)
OR CONTRE	BUTING CAUSE OF	horr	ne, form, foctory, street, of	fice bldg., INJURY OCCUR	, it in bounted	re City, give exoct locotion;
	fy medical examiner	etc.				
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX.)			ile At Not While			
		Wo		D-1 /	70	Man
/	y that (1) (this haspita		16000 (Feb. 4	/	May 6 1970
that (I) (we	e) last saw the decease	ed alive an	May 6	1970and	that in (my) (aur) ap	Inian death accurred an the do
and haur a	nd from the causes sta	ted above. (I	h (We) (did) (did hoh)	few the bady after deat		
23A SIGNAT		V	, , , , , , , , , , , , , , , , , , , ,		***	23B. DATE SIGNED
11	018 0		Atte	nding Med.	Staff (Ta)	5/7/70
Non	The state of the s	eaudo	HE DEGREE Phys	. Director	Staff Phys.	2/1/10
23C. PHYSIC	(Type)			23D. ADDRESS	4	
DOT	ald E. Beaudo	in, SA S		US PHS Hosp	pital, Balto,	Md.
	REMATION, 24B. DATE		AME of CEMETERY OF CRE	MATORY 1940	LOCATION (C	ity, town, or county) [State]
REMOVAL	(Specity)			240		ity, town, or county) 17543
urial	May 10,	1970 Ma	stersonville	R	apho Township	, Pennsylmania
A. DATE REC'	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS
MAY11	1971 126.48	No. 160	MA U C	Loring Byers	8728 Liberty	Road 21133
111111111111111111111111111111111111111	INIA LARAN					



THE STATE OF THE PERSON ASSESSED.

the second of th

Markette . 18 . often . markette . in thought it. Eath, the . State . State .

T-651 70 4807.		Y HEALTH DEPARTMENT	REG. NO.	70 4807
SIRTH NO. I. NAME OF DECEASED Type or Print)			AND HOUR OF DEATH	
JERNE BOILING	E Sr.		5/4/70	1895
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE IW	hero doceosed lived. Il instituti	lution: residenco beforo admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATION)	TUTION, GIVE STREET	mo.	Nogacico de consiste	2632
NSTITUTION		C. CITY OR TOWN		CITY LIMITS?
MERCY HOSE BAL	T. MD.	E. STREET AND NUMBER	CANKFORD	ES NO D
SEX 6. RACE 7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH		Il Hadas 1 Va. III Hadas 24 Ha
MALE CALLESTEN WIDOWE	DIVORCED	11-24-90	lost birthdoy)	Il Under 1 Yr. Il Under 24 Hrs. Aonths Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KINO (one during most of working life, even if refired)				12. CITIZEN OF WHAT COUNTRY
	Lpyard	BALIIA	over, Md.	USA
S. FATHER'S NAME WESLEY FRIMBL	*	14. MOTHER'S MAIDEN N.	Smith	
5. Wos Oeceosod Ever in U. S. Armod Forces? os,no of unknown) (If yes, give wor or dotes of sorvice)	218 -03-7537	Mrs Sarah E.	Trimble 5	ADDRESS AME
18. 4/12 4	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	ISE PALEMAL	ER FAIL	UR
(This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease	/. /	A CONSEQUENCE OF:		
injury at camplication which coused deoth.)			C	100
ANTECEDENT CAUSES	146	RTERIOSCLERO	TIC LARDION	rasemar
DISEASES OR CONDITIONS, if any, giving	(B)	A CONSEQUENCE OF:	0150	150
rise to the abave cause (A) stating the		trointestinal/	11.	
UNDERLYING CONDITION last.	(c) 6-03	Iroinusina /	Venorthage	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 121	_			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or N	208 IS VSS WESS FINE	DINGS CONSIDERS
4/30/70 WAS PERFORMED		201013111165 01 1	IN CERTIFYING CAUSE	S OF DEATH?
	BLOCK BPLACE OF INJURY 10.94 1	or about 21C. WHERE DID	16 1 0 10 0	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	me, form, foctory, street, all	fice bldg. INJURY OCCUR?	ții în Ballimore C	ity, give exect location)
DEATH (notify medical examiner) etc 21D.TIME (Month) (Day) (Your) (Hour) 21 OF INJURY	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)	hile At At Work			1
22. I certify that (1) (this hospital) attended	the deceased fram	4/19	19 70 to 5	19 19 20
that (1) (we) last sow the deceased olive on.		19 70 and 1	_	n death occurred on the date
and hour and from the causes stated abave				addin occonied on the dote
23A. SIGNATUP	(did) (did not) V	iem ine body offer death.		O DATE SIGNED
Stanley Selfer,	M.O. Magazz Phys	nding Med.	Stoff Phys. 4	B. DATE SIGNED
23C. PHYSICIAN'S NAME IType)	GE OKEC .	3D. ADDRESS		. 11.0
	BER M. Q	MERCY	HOSP	
A. BURIAL CREMATION, 1248, DATE 124C. N	AME OF CEMETERY OF CRE			
REMOVAL ISpecify	Parkwood Cemete		Baltimore, M	own, or county) 1Stote)
MAY 11 970 Judge 258. MAME	OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
150-REV. 1/1/68			· · · · · · · · · · · · · · · · · · ·	

1 1 1 1 1

Such

	7.5 1					
BIRTH NO.	70	4808	CERTIFICA	TE OF DEATH	REG. NO	70 4808
NAME OF DEC	CEASED			2. DATE A	ND HOUR OF DEAT	H 2/(== 12
J	osephine M Ad			May	6, 1970	7-00 7
3. PLACE IN BAL	LTIMORE, MARYLAND, W	WHERE PRONO	UNCED DEAD	A. STATE B. COU	ere deceased lived. If NTY	institution: residence before admission
FULL NAME OF	(IF NOT IN HOSPIT	TAL OR INSTIT	UTION, GIVE STREET	Maryland		2703
HOSPITAL OR	ADDRESS OR LOC.	ATION)		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
00				Baltimore		YES K NO
3020	Iona Terrace			3020 Iona Te	rrace	
- SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
Temale	White	WIDOWED		Dec.29, 1894	lost birthdoy)	Months Doys Hours Min.
		k 108, KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTE
**	working life, even if retired)			26		77 6 4
Housewi				Maryland 14. MOTHER'S MAIDEN NA	AAF	U.S.A.
- I CALIFER 3 IAM				THE THE STANDER NA		
Joh	n Kapiszak			Mary Ann Novak		
S. Was Deceased	d Ever in U. S. Armed For n) (If yes, give wor or dote	es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			none	Mr Peter G Ad	elhardt	Same
18.///	0 1		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	IRECTLY	Coronan	0. /		BETWEEN ONSET AND DEAT
	LEADING TO DEATH		(A) IMMEDIATE CAN			J nouss
	nal meon the mode of asthenia, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:		
	usinema, etc. ii means					
injury ar car	mplication which caused			1401	17	0 /
	mplication which caused ANTECEDENT CAUSES	d deoth.)		esderatio Cardro-	wascular Drees	so Several years
		d deoth.)	(B) Antorio	sideratio Cardio-	vascular Drea	ic Several years
DISEASES (ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A)	d deoth.) S any, giving	(B) A NOVE O		wascular Drea	sc Several years
DISEASES (ANTECEDENT CAUSES OR CONDITIONS, if	d deoth.) S any, giving	(B) Antorio		pascular Derea	sc Severel years
DISEASES (nise to the UNDERLYIN)	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION last.	d deoth.) any, giving stating the	(B) A NOVE O		wasculer Drea	
DISEASES (rise la lh UNDERLYING	ANTECEDENT CAUSES OR CONDITIONS, if ie above cause (A) G CONDITION last. Il FICANT CONDITIONS CO JH BUT NOT RELATED TO T	d deoth.) any, giving staling the ONTRIBUTING THE TERMINAL	(B) A MON B		wasculer Drea	so Several years 10 years t
DISEASES (rise to the UNDERLYIN) OTHER SIGNII TO THE DEA' DISEASE OF C	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION last. I FICANT CONDITIONS CO THE BUT NOT RELATED TO TECHNOTION GIVEN IN PAI	any, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A).	(B) DUE TO, OR AS (C) Help pa	a consequence of:		10 years+
DISEASES (rise to the UNDERLYIN) OTHER SIGNII TO THE DEA' DISEASE OF C	ANTECEDENT CAUSES OR CONDITIONS, if ie above cause (A) G CONDITION last. II FICANT CONDITIONS CO JH BUT NOT RELATED IO 17 CONDITION GIVEN IN PAI F OPERATION 198. CON	any, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A).	(B) DUE TO, OR AS (C) Help pa			
DISEASES (nise to the UNDERLYIN) OTHER SIGNII TO THE DEA' DISEASE OF CO 19 A. DATE OF	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION last. I FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAI F OPERATION 179B. CON WAS PER	any, giving slaling the DNTRIBUTING THE TERMINAL RT 1 (A).	(C)WHICH OPERATION	20A. AUTOPSY? (Yes or N	io) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES (nise to the UNDERLYIN-	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TECONDITION GIVEN IN PART F OPERATION PROPERATION PROPERATION PROPERATION TO THE CONDITION GIVEN IN PART OF OPERATION TO THE CONTROL OF THE CONTROL OF THE CAUSE OF THE CAUS	any, giving staling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTITION FOR REFORMED	(B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., integration of the form, foctory, street, of	a consequence of:	io) 20B. IF YES, WER IN CERTIFYING C	10 yearst
DISEASES (nise la lh UNDERLYIN) OTHER SIGNII TO THE DEA' DISEASE OR C 19 A. DATE OF 21 A. ACCIDE OR CONTRIBIT DEATH (notif)	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION last. II FICANT CONDITIONS CO THE BUT NOT RELATED TO TECHNOTION GIVEN IN PAI F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF Ty medical exominer)	any, giving stating the SNTRIBUTING THE TERMINAL RI 1 (A), NDITION FOR REFORMED	(B) A PLACE OF INJURY (e.g., ine, form, foctory, street, of	20A. AUTOPSY? (Yes or No or obout 21C. WHERE DID INJURY OCCUR?	10) 20B. IF YES, WER IN CERTIFYING C	I geoms +
DISEASES (rise la lh UNDERLYIN) OTHER SIGNII TO THE DEA' DISEASE OR C 19 A. DATE OF OR CONTRIBUTE	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TECONDITION GIVEN IN PART F OPERATION PROPERATION PROPERATION PROPERATION TO THE CONDITION GIVEN IN PART OF OPERATION TO THE CONTROL OF THE CONTROL OF THE CAUSE OF THE CAUS	any, giving stating the STATE	(B) A PLACE OF INJURY (e.g., ine, form, foctory, street, of	20A. AUTOPSY? (Yes or No or obout 21C. WHERE DID INJURY OCCUR?	10) 20B. IF YES, WER IN CERTIFYING C	I geoms +
DISEASES (inse la lh UNDERLYIN) OTHER SIGNII TO THE DEA' DISEASE OR C 19A. DATE OF OR CONTRIBUTION OUT OF THE CONTRIBUTION 21A. ACCIDE OR CONTRIBUTION DEATH (notify)	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION last. II FICANT CONDITIONS CO THE BUT NOT RELATED TO TECHNOTION GIVEN IN PAI F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF Ty medical exominer)	any, giving stating the STATE	(B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., in the form, foctory, street, of the foctory, street, street, of the foctory, street, street, of the foctory, s	20A. AUTOPSY? (Yes or No in or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	10) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES (inse la lh UNDERLYIN) OTHER SIGNII TO THE DEA DISEASE OR C 19 A. DATE OF 21 A. ACCIDE OR CONTRIB DEATH (notify 21 D. TIME OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION last. II FICANT CONDITIONS CO THE BUT NOT RELATED TO TO CONDITION GIVEN IN PART F OPERATION TO WAS PER TENT WAS UNDERLYING UTING CAUSE OF Ty medical examiner)	any, giving stating the STATE	(B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., if the form, foctory, street, of the fo	20A. AUTOPSY? (Yes or No in or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Bolting	E FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES (nise to the UNDERLYING) OTHER SIGNII TO THE DEA' DISEASE OR CO 19 A. DATE OF CONTRIBUTE OF INJURY (APPROX.) 22. 1 certify	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TECNDITION GIVEN IN PAI F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF Ty medical examiner) I Month) (Doy) (Year)	any, giving stating the STATE	(B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., if the, form, foctory, street, of the	20A. AUTOPSY? (Yes or Not obout 21C. WHERE DID INJURY OCCUR?	(If In Bolting	IC SECRET TO STORE THE PROPERTY OF DEATH? More City, give exoct location) May 1970
DISEASES (rise la lh UNDERLYING OTHER SIGNII TO THE DEA' DISEASE OR C 19 A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.) 22. 1 certify that (1) (we)	ANTECEDENT CAUSES OR CONDITIONS, if ee above cause (A) G CONDITION last.	any, giving staling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTITION FOR REFORMED (Hour) 21E Whometon the action of the stale with attended the ed alive an	(B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., interpretation of the control of	20A. AUTOPSY? (Yes or Nor obout 21C. WHERE DID fine bidg., INJURY OCCUR?	JURY OCCUR?	IC SECRET TO STORE THE PROPERTY OF DEATH? More City, give exoct location) May 1970
DISEASES (rise la lh UNDERLYING OTHER SIGNII TO THE DEA' DISEASE OR C 19 A. DATE OF OR CONTRIBI DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we) and haur an	ANTECEDENT CAUSES OR CONDITIONS, if ie above cause (A) G CONDITION last. II FICANT CONDITION S CO JH BUT NOT RELATED TO TO CONDITION GIVEN IN PAI F OPERATION 198 COM WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner) I Month) (Doy) (Year) I that (1) (This hospital) last saw the decease d fram the causes sta	any, giving staling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTITION FOR REFORMED (Hour) 21E Whometon the action of the stale with attended the ed alive an	(B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., interpretation of the control of	20A. AUTOPSY? (Yes or Not obout 21C. WHERE DID INJURY OCCUR?	JURY OCCUR?	Defence of Death? The Findings considered causes of Death? There City, give exect location) May 1970 The pinian death accurred an the death accurred an the death accurred and the death accurred accurred accurred accurred accurred accurred accur
DISEASES (rise la lh UNDERLYING OTHER SIGNII TO THE DEA' DISEASE OR C 19 A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.) 22. 1 certify that (1) (we)	ANTECEDENT CAUSES OR CONDITIONS, if ie above cause (A) G CONDITION last. II FICANT CONDITION S CO JH BUT NOT RELATED TO TO CONDITION GIVEN IN PAI F OPERATION 198 COM WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner) I Month) (Doy) (Year) I that (1) (This hospital) last saw the decease d fram the causes sta	any, giving staling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTITION FOR REFORMED (Hour) 21E Whometon the action of the stale with attended the ed alive an	(B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., in the property of the property	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID IN	(If in Boltim	In greens to the findings considered causes of Death? May 1970
DISEASES (nise la lh UNDERLYIN) OTHER SIGNII TO THE DEAD DISEASE OR C 19 A. DATE OF 21 A. ACCIDE OR CONTRIBI DEATH (notif) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (me) and haur an 23A. SIGNATA	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION last. II FICANT CONDITION S CO. III BUT NOT RELATED TO TO. II BUT NOT RELATED TO. II	any, giving staling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTITION FOR REFORMED (Hour) 21E Whometon the action of the stale with attended the ed alive an	(B) Properties (C) WHICH OPERATION PLACE OF INJURY (e.g., interpretation of the control of the	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID find the bidg., INJURY OCCUR? 21F. HOW DID IN the bidg. Injury of the bady after death onding Med. Director	JURY OCCUR?	Defence of Death? The Findings considered causes of Death? There City, give exect location) May 1970 The pinian death accurred an the death accurred an the death accurred and the death accurred accurred accurred accurred accurred accurred accur
DISEASES (rise la lh UNDERLYING OTHER SIGNII TO THE DEA DISEASE OR C 19 A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.) 22. 1 certify that (1) (we) and haur an 23A. SIGNATE 23C. PHYSICIA	ANTECEDENT CAUSES OR CONDITIONS, if ie above cause (A) G CONDITION last. II FICANT CONDITION S CO JH BUT NOT RELATED TO TO CONDITION GIVEN IN PAI F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner) I Month) (Doy) (Year) That (1) (This hospital) last saw the decease of fram the causes sta	any, giving staling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTITION FOR REFORMED (Hour) 21E Whometon the action of the stale with attended the ed alive an	(B) Properties (C) WHICH OPERATION PLACE OF INJURY (e.g., interpretation of the control of the	n or obout 21C, WHERE DID fifice bidg, INJURY OCCUR? 21F. HOW DID IN	JURY OCCUR? 19 ta_ hat in (my) (but) a	Defence of Death? The Findings considered causes of Death? There City, give exect location) May 1970 The pinian death accurred an the death accurred an the death accurred and the death accurred accurred accurred accurred accurred accurred accur
DISEASES (nise la lh UNDERLYIN) OTHER SIGNII TO THE DEAD DISEASE OR C 19.4. DATE OF 19.4. DATE OF 21.4. ACCIDE OR CONTRIBIT DEATH (notif) 21.D. TIME OF INJURY (APPROX.) 22. I certify that (I) (me) and haur an 23.4. SIGNATA	ANTECEDENT CAUSES OR CONDITIONS, if ie above cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAI F OPERATION 19B. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner) I Month) (Doy) (Year) That (1) (This hospital) last saw the decease of fram the causes sta	any, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOITION FOR REFORMED (Hour) 21E Whom etc. (Hour) 21E who we will attended the dalive an inted abave. ((B) Properties (C) WHICH OPERATION PLACE OF INJURY (e.g., interpretation of the control of the	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID fine bidg, INJURY OCCUR? 21F. HOW DID IN the bidy after death. 21 Med. Director 12 12 13 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	JURY OCCUR? 19ta hat in (my) (our) a	Definition death accurred an the death 3. Mary 1970
DISEASES (rise la lh UNDERLYINA OTHER SIGNII TO THE DEA DISEASE OR C 19 A. ACCIDE OR CONTRIBI DEATH (notif) 21 D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (re) and haur an 23A. SIGNATE 23C. PHYSICIA NAME (1)	ANTECEDENT CAUSES OR CONDITIONS, if ie above cause (A) G CONDITION last. II FICANT CONDITION S CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAI F OPERATION 19B. COM WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner) I Month) (Day) (Year) That (1) (This hospital of fram the causes stand ORE AN'S Type) LOY M Zimmen EMATION, 1248, DATE	any, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). Who work the attended t	WHICH OPERATION PLACE OF INJURY (e.g., integration of the control	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID fixed bidg., INJURY OCCUR? 21F. HOW DID IN 19 and the price of the bidy after death. 23D. ADDRESS 3202 Harford R	JURY OCCUR? 19 ta hat in (my) (our) a Shoff Phys. 20B. IF YES, WER IN CERTIFYING C	Definition death accurred an the death 3. Mary 1970
DISEASES (nise la lh UNDERLYIN) OTHER SIGNII TO THE DEA DISEASE OR C 19 A. DATE OI PA. D	ANTECEDENT CAUSES OR CONDITIONS, if ie above cause (A) G CONDITION last. II FICANT CONDITION S CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAI F OPERATION 19B. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner) I Month) (Doy) (Yeor) That (1) (This hospital) last saw the decease of fram the causes sta URE ANTS Type) LOY M Zimmes EMATION, 124B. DATE 5/9/76	any, giving stating the STATE	WHICH OPERATION PLACE OF INJURY (e.g., ine, form, foctory, street, of the deceased from the deceased	n or obout 21C, WHERE DID ffice bidg, INJURY OCCUR? 21F. HOW DID IN e and the product of the pr	JURY OCCUR? 19 ta_ hat in(my) (but) a Shoff Phys. C Baltimore LOCATION	In the second of the day of the d
DISEASES (rise to the UNDERLYING IN INDERLYING IN INDERLYI	ANTECEDENT CAUSES OR CONDITIONS, if ie above cause (A) G CONDITION last. II FICANT CONDITION S CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAI F OPERATION 19B. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner) I Month) (Doy) (Yeor) That (1) (This hospital) last saw the decease of fram the causes sta URE ANTS Type) LOY M Zimmes EMATION, 124B. DATE 5/9/76	any, giving stating the STATE	WHICH OPERATION PLACE OF INJURY (e.g., ine, form, foctory, street, of the deceased from the deceased	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID fifice bidg., INJURY OCCUR? 21F. HOW DID IN 19 and the product of the bady after death. 23D. ADDRESS 3202 Harford R EMATORY 24D. Ba	DURY OCCUR? Shoff Phys. Charles a control of the	In place of the property of th
DISEASES (rise la lh UNDERLYIN OTHER SIGNII TO THE DEA DISEASE OR C 19A. DATE OF 19A. DATE OF 21A. ACCIDE OF CONTRIBI DEATH (notif) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (ne) and haur an 23A. SIGNATE 23C. PHYSICIA NAME (1) BUTIAL	ANTECEDENT CAUSES OR CONDITIONS, if ie above cause (A) G CONDITION last. II FICANT CONDITION S CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAI F OPERATION 19B. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner) I Month) (Doy) (Yeor) That (1) (This hospital) last saw the decease of fram the causes sta URE ANTS Type) LOY M Zimmes EMATION, 124B. DATE 5/9/76	any, giving stating the STATE	(B) PLACE OF INJURY (e.g., in the form, foctory, street, of the foctory, stree	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID fine bidg, injury occur? 21F. HOW DID IN the bidy after death. 23D. ADDRESS 3202 Harford Remains and the bidge of the bid	Staff Phys. C Baltimore Staff Phys. C Baltimore LOCATION 10) 20B. IF YES, WER	In pinian death accurred an the do

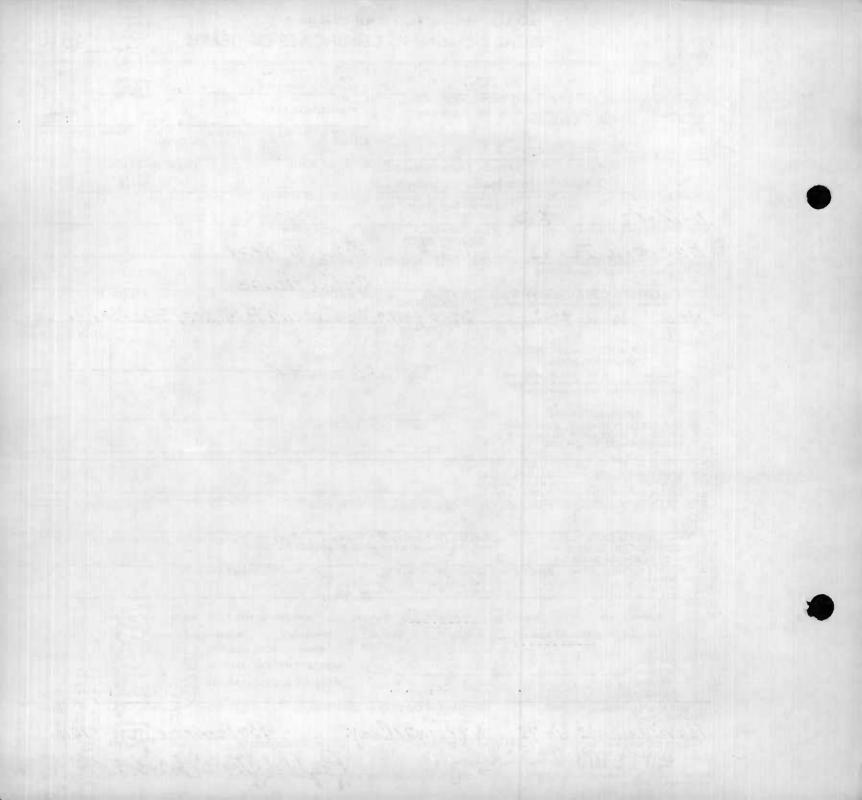
The state of the s

HE I CONTROL OF THE SECTION OF THE S

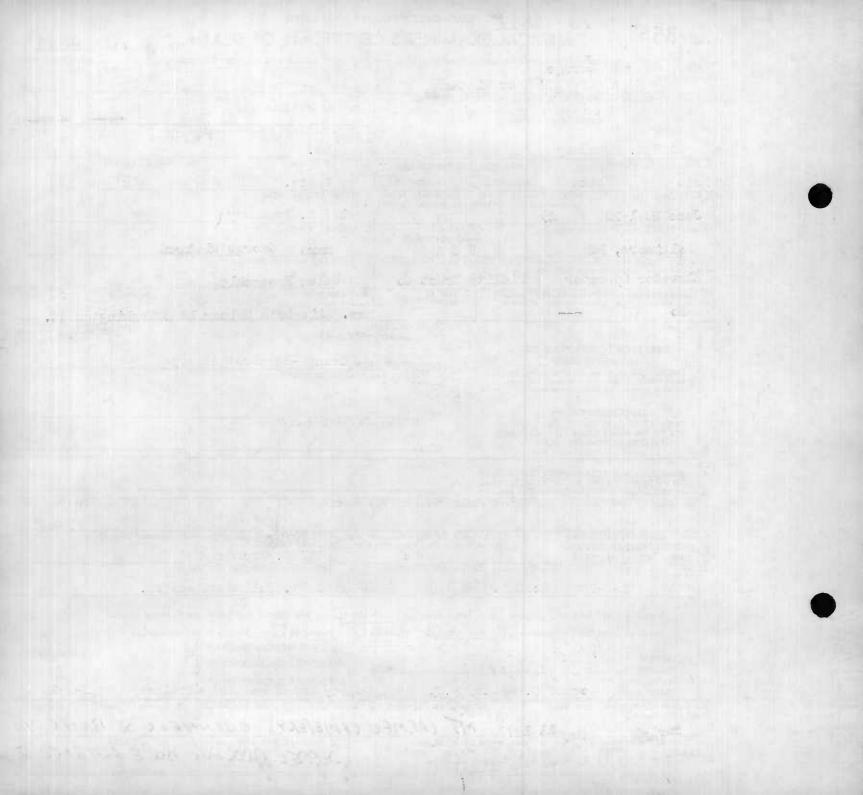
VS 150-REV. 1/1/68

682 the second that the least of th

VS 151-REV. 3/1/68



70 4811 BALTIMORE CITY F	BEALTH DEPARTMENT	
W-355 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH PEG NO	70 4811
BIRTH NO.	CERTIFICATE OF DEATH REG. NO.	70 4011
I. NAME OF DECEASED Geroge	2. DATE Known Month Day	Year Hour
(Type or Print) WILLIAM VIETMANOR Wietman	OF DEATH Estimoted	м
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 5 8	1970 9:10A.M
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: re	esidence before odmission)
227 S. Broadway	A. STATE B. COUNTY	202
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
Male White WIDOWED DIVORCED		R NO 🗆
9. DATE OF BIRTH 10. AGE (In years H Under 1 Yr. If Under 24 Hr	. E. STREET AND NUMBER	
June 20 1920 last birthdoy) Months, Days, Hours, MI	227 S. Broadway	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Baltimore, Md WHAT COUNTRY?	George Wietman	
14A, USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUST	RY 15. MOTHER'S MAIDEN NAME	
done during most of working life, even if retired) Elevator Operator Fidlity Trust Co	Helen Froeschle	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	III. INFORMANT ADD	RESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mar 1911 - N. II. D. S. C. C. C. C.	
[19. CAUSE OF DE	Mrs. Elizabeth Balcar 18 S Was	TAPROXIMATE INTERVAL
E 880 1		BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY	0	
LEADING TO DEATH (This does not meen the made of dying, e.g., DUE TO. O	CAUSE Cranio-cerebral injury RAS A CONSEQUENCE OF:	
heart foilure, osthenia, etc. it meons the disease, Injury ar complication which caused deoth.)	R AS A CONSEQUENCE OF	
ANTECEDENT CAUSES (B)	R AS A CONSEQUENCE OF:	
MINE TO THE ABOVE CHOSE (A) STATISTICS THE	K AS A CONSEQUENCE OF:	
Z UNDERLYING CONDITION LAST. (C)		
11		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A)-		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED	1. AUTOPSY? (Yes or No)
		yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e. home, form, loctory, street, of	g., in or obout 22C. WHERE DID (II in Boltimore City, give exact fice bidg., etc.) INJURY OCCUR?	acation)
UTING CAUSE OF DEATH. home	227 S. Broadway	02
OF INJURY (Manth) (Doy) (Year) (Hour) 22E.INJURY OCCURRED		
(ADDROV) FO TO OLOG A WHILE AI TO NO	WORK Subj. fell down stairs.	
23.		
I certify that I held an Inquiry Inspection I	ond that on this basis, death in my op	inion
resulted from: Natural causes Accident Suic	ide Homicide Undetermined monner	
1000 150	CHIEF MEDICAL EXAMINER	DATE SIGNED
ACTUAL SIGNATURE NO	.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	associate Medical Examiner Deputy Chief Medical Examiner	
NAME (Type) Werner U. Spitz, M.D.		5-8-70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER REMOVAL (Specify)	Y or CREMATORY 24D. LOCATION (City, town, o	r county) (State)
Burial May 11 1970 MT CARME	L CEMETERY ODONNELL S	ST BALTO MI
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADD	RESS
MAY 1 1 1970 Robert & Facker Act	DIPPEL BROSING 1800 E	LOMBARD ST
	0 4 7 0 7	
VS 151-REV. 1/1/68		- 1



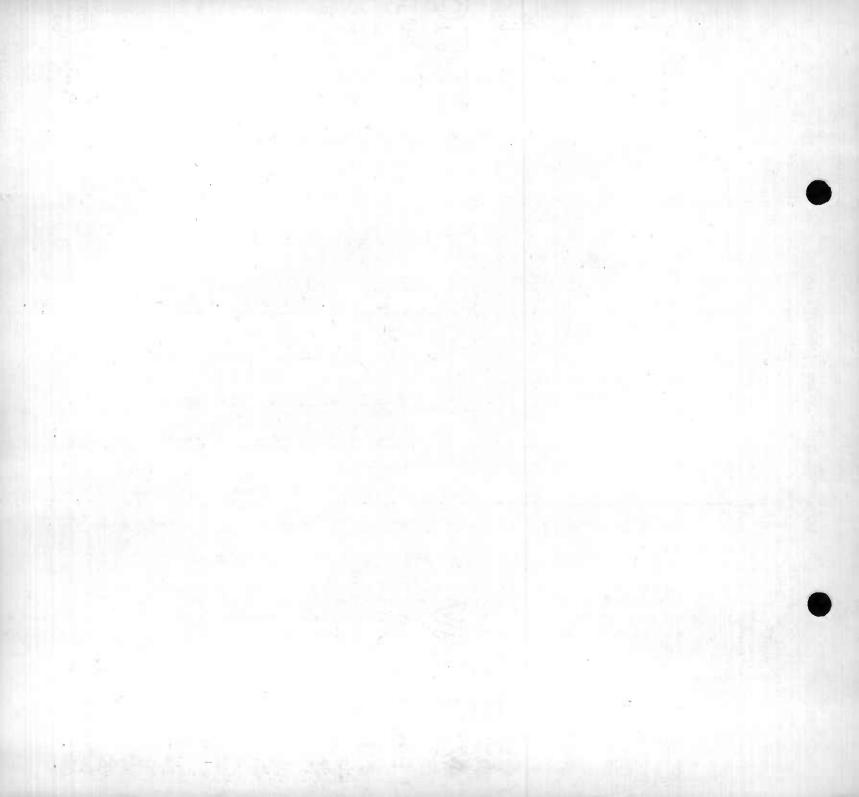
	1 /	BALTIMORE CITY	HEALTH DEPARTMENT		Maria	-
BIRT	HNO. 157-24798 PIO A	CERTIFICA	TE OF DEATH	REG. NO	70 481	2
	AME OF DECEASED	916	2. DATE AND	HOUR OF DEATH	9.	_
	Joseph Thomas C	Madene	may	6,197	0 800	PM.
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNTY	deceosed lived. If	institution: residence bef	ore admission)
FUL	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	md.		120	0/
INST	TITUTION	()	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	
	Union memorial H	rospital	E. STREET AND NUMBER		YES NO	
	44		0 0 1 10 0	orraine	· Aug.	
5. SE	6. RACE 7. MARR	ED NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If	Under 24 Hrs.
M	vale Caucasion widow	ED DIVORCED	12/11/67	2V13,	Months Doys Hou	ors Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WH	AT COUNTRY?
done	during most of working life, even if retired)		Mn			
3. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAMI			
1	Robert Lee Compbe	ell Sr.	Patricia	· hi	Farler	1
S. W	Vos Decessed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
	na arunknown) (If yes, give war or dates of service	SECURITY NO.	ROBERT L. CAMP.	neu Sa	SAME	
_	√ O	CAUSE OF DEATI		13512 311		ATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ON	SET AND DEATH
	LEADING TO DEATH	(Is	a northerna	naman	APA:	
	(This does not meen the mode of dying,		A CONSEQUENCE OF:	100110011		
	heart failure, asthenia, etc. It means the disectiniury or complication which caused death.)	ose,				
	ANTECEDENT CAUSES					
		(B)	A CONSEQUENCE OF:			
	DISEASES OR CONDITIONS, if ony, givense to the obove couse (A) stoling	9	A CONSEGUENCE OF			
	UNDERLYING CONDITION Iosi.	(c)				
7	II		1 . \	. 0		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTINTO THE DEATH BUT NOT RELATED TO THE TERMIN		MANOYIC Dro	indaw	Mean	
4	DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or MV)	208 IE VEC WERE	EINDINGS CONSIDER	ED.
Ē	WAS PERFORMED	OR WHICH OPERATION	ZOA. AUTOPSTYTTES OF JAQ	IN CERTIFYING C.	FINDINGS CONSIDER AUSES OF DEATH?	
S.	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i		(If in Boltime	ore City, give exoct locat	ion)
AL.	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, of				
U		21E. INJURY OCCURRED	21F. HOW DID INJU	Y OCCUP?		
3 (OF INJURY	While At Not While		. OCCOR:		
	(APPROX.)	Work At Work			-1	
1	22. I certify that (I) (this hospital) attende	d the deceased from	5 / 5 19	70 to	5/6	19 70
1	that (I) (we) lost saw the deceased alive	on 5/6	19 70 and that	in(my) (our) as	inion death accurre	d on the date
	and hour and from the causes stated above	a. (1) (We) (did) (did not) v				
	23A SIGNATURE A D		Town the body direct decinis	1100	23B. DATE SIGNED	
	Dancelly			haff	51117	0
,	23C. PHYSICIAN'S	DEGREE Phys	i. Director Pl 23D. ADDRESS	nys. 🗀	0/0//	U
1	NAME (Type)	5 X	LOU. AUUKESS			
		DEGREE				
24A.	BURIAL CREMATION, 24B. DATE 240 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE			City, town, or county)	(Stote)
1	BURIAL 5-9-70	MT CLIVET	BA	LTC. M	D	
2SA.	DATE REC'D BY HEALTH DEPT. 258, NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	. 0	5 Chestuit	SS
		and the way	13 11 11 11	1/1 2:	~ //	11
	MAY 1 1 1070 Pale Exte	R. MI O	Much Colehanas	withh) Chishul	· year

Prosent was Compassed Ser. Potential to Participa

IMPORTANT

DIRECTOR:

FUNERAL



1. NAME OF DECEAS	SED			2. DATE	Known 🔲	Month	Doy	Year	Hour
		HME		OF DEATH	Estimoted 🔲	5	3	70	9 1
	ORE, MARYLAND, WH			3. DATE	NCED DEAD	Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL	ADDRESS OR LOCATION	OR INSTITUTION)	ON, GIVE STREET			May	3	1970	
OR INSTITUTION				5. USUAL RE	SIDENCE (Wher	e deceosed i	B. COUNTY	on: residence	before ad
1043 6. SEX 7.					Maryland				700
		_	NEVER MARRIED	C. CITY OR				CITY LIMITS?	
Male 9. DATE OF BIRTH	ILO AGE (Inv	WIDOWED L	DIVORCED Lder 1 Yr. If Under 24 Hrs.	Balt	ND NUMBER			YES 🔼	NO L
May 6,193		7 Month	s Doys Hours Min.						
11. BIRTHPLACE (State	or foreign country)	12. C	ITIZEN OF	13. FATHER	W. Lexin	igton S	t.		
Philadelph			HAT COUNTRY?		M. Roh	one			
14A.USUAL OCCUPAT	ION (Give kind of work 14	B. KIND OF B	USINESS OR INDUSTRY	15. MOTHER	'S MAIDEN NA	ME			
don du homeste Workt	ng lite, even it retired)			Ruth	Johnson	1			
16. WAS DECEASED E	VER IN U.S. ARMED F	FORCES?	17. SOCIAL SECURITY NO.	IB. INFORM				ADDRESS	
(Yes, no or unknown) (If y			SECONTI IVO.	Barba	ira Walk	er 17	09 н.	Patto	n St
19. 2 8 2	. 51		CAUSE OF DEA	TH					PPROXIMATI
	R CONDITION DIRECT	LY							
LEAI	DING TO DEATH		(A)IMMEDIATE C	Alise Si	ckle Cell	anemi	2		
(This does not m	eon the mode of dying	G. C.G.				CALACTINA	Ca		
	ienio, etc. It means the di	leages.	DOE TO, OK	AS A CONSEQU	JENCE OF:				
injury or complic	eon the mode of dying nenio, etc. It meons the di otion which coused deoth	lisease, 1.)	DUE 10, OK	AS A CONSEQU	JENCE OF:				
		isease,		AS A CONSEQU	JENCE OF:				
ANTEG	CEDENT CAUSES	GIVING	(8)	AS A CONSEQU					
DISEASES OR C	CEDENT CAUSES	GIVING	(B)OUE TO, OR						
DISEASES OR C	CEDENT CAUSES CONDITIONS, IF ANY, COVE CAUSE (A) STATING CONDITION LAST.	GIVING	(8)						
DISEASES OR C	CEDENT CAUSES CONDITIONS, IF ANY, COVE CAUSE (A) STATING CONDITION LAST.	GIVING NG THE VTRIBUTING	(B)OUE TO, OR						
DISEASES OR C	CEDENT CAUSES CONDITIONS, IF ANY, COVE CAUSE (A) STATING CONDITION LAST. II ANT CONDITIONS CON BUT NOT RELATED TO THE NOTION GIVEN IN PART	GIVING NG THE NTRIBUTING HE TERMINAL IT (A).	(B)(C)	AS A CONSEQ	UENCE OF:				
OTHER SIGNIFIC TO THE DEATH DISEASE OR COL	CEDENT CAUSES CONDITIONS, IF ANY, COVE CAUSE (A) STATING CONDITION LAST. II ANT CONDITIONS CON BUT NOT RELATED TO THE NOTION GIVEN IN PART	GIVING NG THE NTRIBUTING HE TERMINAL IT (A).	(B)OUE TO, OR	AS A CONSEQ	UENCE OF:			21. AUTO	OPSY? (Ye
OTHER SIGNIFIC TO THE DEATH DISEASE OR COLUMN DATE OF OP	CEDENT CAUSES CONDITIONS, IF ANY, COVE CAUSE (A) STATIN CONDITION LAST. II ANT CONDITIONS CONBUT NOT RELATED TO THOUSE NOT RELATED TO THOUSE ON THE CONDITION OF THE CONDITION OF THE CONDITION OF THE CONDITION OF THE COND	GIVING NG THE NTRIBUTING HE TERMINAL T 1 (A).	(B) DUE TO, OR (C)	AS A CONSEC	ED				DPSY? (Ye
OTHER SIGNIFIC TO THE DESASE OR COLUMN D	CEDENT CAUSES CONDITIONS, IF ANY, COVE CAUSE (A) STATING CONDITION LAST. II ANT CONDITIONS CONDITIONS CONDITION GIVEN IN PARTERATION 20B. CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS COND	GIVING NG THE NTRIBUTING 1E TERMINAL 1 1 (A). DITION FOR V	(B) DUE TO, OR (C) VHICH OPERATION WA	AS A CONSEC	ED C. WHERE DID	(If in Boltimo	re City, give e		
ANTEC DISEASES OR CORRISE TO THE AB UNDERLYING OF THE SIGNIFIC TO THE DEATH DISEASE OR CONTINUE TO THE DEATH UNDERLYING OF OP 20A. EXTERNAL UNDERLYING OF CAUSE UNDERLYING CAUSE UTING CAUSE	CEDENT CAUSES CONDITIONS, IF ANY, COVE CAUSE (A) STATING CONDITION LAST. II ANT CONDITIONS CONDITIONS CONDITION GIVEN IN PARTIES ERATION 208. CONDITIONS CONTRIBATION PARTIES OF DEATH.	OR THE STRIBUTING HE TERMINAL TO 1 (A). DITION FOR V	(B) DUE TO, OR (C) VHICH OPERATION WA	AS A CONSEC	ED C. WHERE DID JURY OCCUR?				
OF THE SIGNIFIC TO THE DEATH DISEASE OR COLUMN TO THE DISEASE OR COLUMN T	CEDENT CAUSES CONDITIONS, IF ANY, COVE CAUSE (A) STATIN CONDITION LAST. II ANT CONDITIONS CONBUT NOT RELATED TO THOUSE IN PART ERATION 208. COND CAUSE WAS OR CONTRIB- OF DEATH.	GIVING NG THE NTRIBUTING HE TERMINAL I 1 (A). DITION FOR V 228. PI home,	(B) DUE TO, OR (C) VHICH OPERATION WALLACE OF INJURY (e.g., lorin, loctory, street, office.	AS A CONSEC	ED C. WHERE DID				
OTHER SIGNIFIC TO THE DEATH DISEASE OR COLUMN DERLYING TO THE DEATH DISEASE OR COLUMN DISEASE OR COLUM	CEDENT CAUSES CONDITIONS, IF ANY, COVE CAUSE (A) STATING CONDITION LAST. II ANT CONDITIONS CONDITIONS CONDITION GIVEN IN PARTIES ERATION 208. CONDITIONS CONTRIBATION PARTIES OF DEATH.	GIVING NG THE NTRIBUTING HE TERMINAL I 1 (A). DITION FOR V 228. PI home,	(B) DUE TO, OR (C) VHICH OPERATION WAS LACE OF INJURY (e.g., lorm, loctory, street, office.	AS A CONSEC	ED C. WHERE DID JURY OCCUR?				
OTHER SIGNIFIC TO THE DEATH DISEASE OR COLUMN DERLYING TO THE DEATH DISEASE OR COLUMN DISEASE OR COLUM	CEDENT CAUSES CONDITIONS, IF ANY, COVE CAUSE (A) STATING CONDITION LAST. II ANT CONDITION CONBUT NOT RELATED TO THOUTHON GIVEN IN PARTERATION 20B. CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONTRIBUTED TO THE ACTION (Poy) (Yeor)	GIVING NG THE NTRIBUTING 1E TERMINAL 1 1 (A). DITION FOR V 228. PI home, (Hour) 221 m. W	(B) DUE TO, OR (C) VHICH OPERATION WAR ACE OF INJURY (e.g., lorm, loctory, street, office. E.INJURY OCCURRED NOT ORK	AS A CONSECTION OF AS PERFORMI In or obout 22 e bldg., etc.) IN	ED C. WHERE DID JURY OCCUR?	JURY OCC	UR?	xoct location)	
ANTEC DISEASES OF COLUMN OF INJURY (APPROX.) ANTEC DISEASE OF COLUMN OF INJURY (APPROX.)	CEDENT CAUSES CONDITIONS, IF ANY, COVE CAUSE (A) STATING CONDITION LAST. ANT CONDITION CONBUT NOT RELATED TO THAD THAD THAD THAD THAD THAD THAD THAD	GIVING NG THE NTRIBUTING HE TERMINAL T I (A). DITION FOR V 22B. PI home, (Hour) 22! Wh. WO	(B) DUE TO, OR (C) VHICH OPERATION WAS LACE OF INJURY (e.g., lorm, loctory, street, office at which was at w	AS A CONSECTION OF THE PROPERTY OF THE PROPERT	ED C. WHERE DID IJURY OCCUR? F. HOW DID IN	JURY OCC	UR? death In m	xoct location) y opinion	
ANTEC DISEASES OF COLUMN OF INJURY (APPROX.) ANTEC DISEASE OF COLUMN OF INJURY (APPROX.)	CEDENT CAUSES CONDITIONS, IF ANY, COVE CAUSE (A) STATING CONDITION LAST. II ANT CONDITION CONBUT NOT RELATED TO THOUTHON GIVEN IN PARTERATION 20B. CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONTRIBUTED TO THE ACTION (Poy) (Yeor)	GIVING NG THE NTRIBUTING HE TERMINAL T I (A). DITION FOR V 22B. PI home, (Hour) 22! Wh. WO	(B) DUE TO, OR (C) VHICH OPERATION WAR ACE OF INJURY (e.g., lorm, loctory, street, office. E.INJURY OCCURRED NOT ORK	AS A CONSECTION OF AS PERFORMI In or obout 22 bidg., etc.) IN WHILE 22 topsy XX le Hou	ED C. WHERE DID IVITY OCCUR? F. HOW DID IN	JURY OCC	JR? death in m	xoct location) y opinion	
ANTEC DISEASES OF COLUMN OF INJURY (APPROX.) ANTEC DISEASE OF COLUMN OF INJURY (APPROX.)	CEDENT CAUSES CONDITIONS, IF ANY, COVE CAUSE (A) STATING CONDITION LAST. ANT CONDITION CONBUT NOT RELATED TO THAD THAD THAD THAD THAD THAD THAD THAD	GIVING NG THE NTRIBUTING HE TERMINAL T I (A). DITION FOR V 22B. PI home, (Hour) 22! Wh. WO	(B) DUE TO, OR (C) VHICH OPERATION WAS LACE OF INJURY (e.g., lorm, loctory, street, office at which was at w	AS A CONSECTION OF THE PROPERTY OF THE PROPERT	ED C. WHERE DID IJURY OCCUR? F. HOW DID IN ond that on the	JURY OCC his basis, Undetermi	JR? death in m	xoct location) y opinion	YES
OTHER SIGNIFIC TO THE DEATH DISEASE OR COLUMN TO THE D	CEDENT CAUSES CONDITIONS, IF ANY, OVE CAUSE (A) STATING CONDITION LAST. ANT CONDITION CONDITIONS CONDUCTION OF THE CONDUCTION OF THE CONDUCTION OF THE CONDUCTION OF THE CONDUCTION (Year) CAUSE WAS DR CONTRIBOR CONTRIBOR CONTRIBOR (Year) That I held on Inquestion in the course was conducted to the conducted t	GIVING NG THE NTRIBUTING HE TERMINAL T I (A). DITION FOR V 22B. PI home, (Hour) 22! Wh. WO	(B) DUE TO, OR (C) VHICH OPERATION WAS LACE OF INJURY (e.g., lorm, loctory, street, office at which was at w	AS A CONSECTION OF AS PERFORMI In or obout 22 bidg,, etc.) IN WHILE 22 WHOLE 40 ASSIS	ED C. WHERE DID IJURY OCCUR? F. HOW DID IN ond that on the control of the con	JURY OCC his basis, Undetermi EXAMINER	JR? death in m	xoct location) y opinion	YES
ANTEC DISEASES OR CORRISE TO THE AB UNDERLYING OF THE SIGNIFIC TO THE DEATH DISEASE OR CONTINUE OF THE DISEASE OF THE DISEASE OR CONTINUE OF THE DISEASE OR CONTINUE OF THE DISEASE OR CONTINUE OF THE DISEASE OR CONTINUE OF THE DISEASE	CEDENT CAUSES CONDITIONS, IF ANY, COVE CAUSE (A) STATIN CONDITION LAST. II ANT CONDITIONS CONBUT NOT RELATED TO THAT NOT RELATED TO THAT THE PART OF DEATH. CAUSE WAS CAUSE WAS OF DEATH. Ith) (Doy) (Yeor) That I held on Inqueries Inq	OR THE STRIBUTING HE TERMINAL TO A CONTROL T	(B) DUE TO, OR (C) VHICH OPERATION WATER OF INJURY (e.g., lorm, loctory, street, office of the control of the	AS A CONSECTION OF AS PERFORMI In or obout 22 bidg,, etc.) IN WHILE 22 WHOLE 40 ASSIS	ED C. WHERE DID IJURY OCCUR? F. HOW DID IN ond that on the	JURY OCC his basis, Undetermi EXAMINER	JR? death in m	xoct location) y opinion	YES
ANTEC DISEASES OR CORSE TO THE AB UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR COR 20A. DATE OF OP 22A. EXTERNAL UNDERLYING OF INJURY (APPROX.) 23. 1 certify to resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATI	CEDENT CAUSES CONDITIONS, IF ANY, COVE CAUSE (A) STATIN CONDITION LAST. II ANT CONDITIONS CONBUT NOT RELATED TO THE NOT RELATED TO THE NOT RELATED TO THE NOTION GIVEN IN PART ERATION 208. COND CAUSE WAS DR CONTRIBOR DEPART. That I held on Inquiring from: Natural couse that I held on Inqui	OR THE STRIBUTING HE TERMINAL I 1 (A). OR OF THE STRIBUTING HE TERMINAL I 1 (A). OR OF THE STRIBUTING HE TERMINAL I 1 (A). OR OF THE STRIBUTING HE TERMINAL I 1 (A). OR OF THE STRIBUTING HE TERMINAL I 1 (A). OR OF THE STRIBUTING HE TERMINAL I 1 (A). OR OF THE STRIBUTING HE TERMINAL I 1 (A).	(B) DUE TO, OR (C) VHICH OPERATION WAR ACE OF INJURY (e.g., lorm, loctory, street, office August 100 August 1	AS A CONSECTION OF THE PROPERTY OF THE PROPERT	ED C. WHERE DID IJURY OCCUR? F. HOW DID IN ond that on the control of the con	JURY OCC his basis, Undetermi EXAMINER EXAMINER	death In m	y opinion	YES DATE SI
ANTEC DISEASES OR CO RISE TO THE AB UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 20A. DATE OF OP 22A. EXTERNAL UNDERLYING UTING CAUSE 22D. TIME (Mon OF INJURY (APPROX.) 23. 1 certify resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type	CEDENT CAUSES CONDITIONS, IF ANY, COVE CAUSE (A) STATIN CONDITION LAST. II ANT CONDITIONS CONBUT NOT RELATED TO THE NOT RELATED TO THE NOT RELATED TO THE NOTION GIVEN IN PART ERATION 208. COND CAUSE WAS DR CONTRIBOR DEPART. That I held on Inquiring from: Natural couse that I held on Inqui	OR THE STRIBUTING HE TERMINAL I 1 (A). OR OF THE STRIBUTING HE TERMINAL I 1 (A). OR OF THE STRIBUTING HE TERMINAL I 1 (A). OR OF THE STRIBUTING HE TERMINAL I 1 (A). OR OF THE STRIBUTING HE TERMINAL I 1 (A). OR OF THE STRIBUTING HE TERMINAL I 1 (A). OR OF THE STRIBUTING HE TERMINAL I 1 (A).	(B) DUE TO, OR (C) VHICH OPERATION WATER OF INJURY (e.g., lorm, loctory, street, office of the control of the	AS A CONSECTION OF THE PROPERTY OF THE PROPERT	ED C. WHERE DID IJURY OCCUR? F. HOW DID IN ond that on the control of the con	JURY OCC his basis, Undetermi EXAMINER	death in m	xoct location) y opinion	YES DATE SI
ANTEC DISEASES OR CORSE TO THE AB UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR COR 20A. DATE OF OP 22A. EXTERNAL UNDERLYING OF INJURY (APPROX.) 23. 1 certify resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATI REMOVAL (Specify)	CEDENT CAUSES CONDITIONS, IF ANY, OVE CAUSE (A) STATIN CONDITION LAST. ANT CONDITION CONBUT NOT RELATED TO TH NOTING MELATED TO THE ATTOM PARTERATION 20B. CONDITIONS CONTRIBOR	GIVING NG THE NTRIBUTING HE TERMINAL T 1 (A). OITION FOR V WH MAN WOOD ACCOMMENT TO THE PROPERTY OF THE PRO	(B) DUE TO, OR (C)	AS A CONSECTION OF CREMATOR	ED C. WHERE DID IJURY OCCUR? F. HOW DID IN ond that on the control of the con	his basis, Undetermine EXAMINER EXAMINER LOCATION	death in mined monner	y opinion 5/4/7	YES DATE SI
ANTEC DISEASES OR CORSE TO THE AB UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR COR 20A. DATE OF OP 22A. EXTERNAL UNDERLYING OF INJURY (APPROX.) 23. 1 certify to resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATI	CEDENT CAUSES CONDITIONS, IF ANY, OVE CAUSE (A) STATIN CONDITION LAST. ANT CONDITION CONBUT NOT RELATED TO TH NOTING MELATED TO THE ATTOM PARTERATION 20B. CONDITIONS CONTRIBOR	GIVING NG THE NTRIBUTING HE TERMINAL T 1 (A). OITION FOR V WH MAN WOOD ACCOMMENT TO THE PROPERTY OF THE PRO	(B) DUE TO, OR (C) VHICH OPERATION WAR ACE OF INJURY (e.g., lorm, loctory, street, office August 100 August 1	AS A CONSECTION OF CREMATOR	ED C. WHERE DID IJURY OCCUR? F. HOW DID IN ond that on the control of the con	his basis, Undetermine EXAMINER EXAMINER LOCATION	death in mined monner	y opinion	YES DATE SIG

0	10 4	815	BALTIMORE CITY HE	AITH DEDARTM	ENIT	V			
18-163	MED	ICAL I				DEAT			
BIRTH NO.	MEL	ICAL I	EXAMINER'S	LEKTIFICA	IE OF	DEATE	REG. NO.	70	4815
1. NAME OF DECEA			ard Bouffare	2. DATE N	(nown 🔼	Month	Doy	Year	Hnur
	BOUFFA		BGG	DEATH	stimoted 🔲	May 6	, 1970		8:30 P.M.
FULL NAME OF	AORE, MARYLAND, W			3. DATE PRONOUNCE	ED DEAD	Month	Day	Yeor	Hour
HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	TION)	TION, OIVE SIKEET	5. USUAL RESIDI			, 1970		8:30 P.M.
14 Ost. Ag	nes Hospita	1		I.A. STATE	laryland	В	COHRIEV		Georges
	RACE		NEVER MARRIED	C. CITY OR TOV			D. INSIDE CIT		deor Rep
Male	White	WIDOWED		Upper M	larboro		VE	s 🗆 N	· 🔼
9. DATE OF BIRTH	10. AGE (Ir	yeors H	Under 1 Yr. II Under 24 Hrs.	E. STREET AND	NUMBER		- 12	3 14	0 🕒
Aug. 2, 1	.949 20 =	3				rwood	Drive	la	500
11. BIRTHPLACE (State		12.	CITIZEN OF WHAT COUNTRY?	13. FATHER'S NA	AME				
Massachu		IAR KIND O	U. S. A.	Roger	J. Bou	ffard			
done during most of work	ing life, even if relired)	Maryl	and State	Suzann					
16. WAS DECEASED (Yes, no or unknown) (if	EVER IN U.S. ARMED	FORCES?	IIV. SOCIAL	18. INFORMANT			9508 8	BRESSWOO	od Drive
No	yes, give wor or doles	ol service)	SECURITY NO.	Roger J	• Bouf	fard-	Upper	Marlbo	oro.Md.
19.	2.9		CAUSE OF DEA	Н			оррог	APPR	OXIMATE INTERVAL IN ONSET AND DEATH
DISEASE O	R CONDITION DIREC	CTLY						OCTIVEE	N ORSEL AND DEATH
	DING TO DEATH		(A)IMMEDIATE C	AUSE Guns	hot wou	nd of 1	nead		
hearl failure, ost	meon the mode of dyl thento, etc. It meons the cation which coused dec	disease,	DUE TO, OR A	S A CONSEQUENC	CE OF:				
Tillory or compile	Million william coosed bed	, m.,							
	CEDENT CAUSES	CIVING	(B) DUE TO OR	AS A CONSEQUEN	ICE OF				
RISE TO THE AL	CONDITIONS, IF ANY, BOVE CAUSE (A) STAT CONDITION LAST.	ING THE	DOE 10, OK 1	A CONSEQUEN	ICE OF:				
NO			(c)						
OTHER SIGNIFIC TO THE DEATH DISEASE OF CO	11 CANT CONDITIONS CO	NTRIBUTIN	G						
DISEASE OR CO	BUT NOT RELATED TO	RT 1 (A)-							
20A. DATE OF OF	PERATION 208. CON	DITION FO	R WHICH OPERATION WA	S PERFORMED				21. AUTOPS	Y? (Yes or No)
. (0)								No	
O HAIDEDIVING IX		228 hom	PLACE OF INJURY (e.g., ine, form, foctory, street, office	pidg. eic'l iiAnnk	1 OCCUR?			G	3-00
UTING CAUSE) (Hour)	Barracks 22E.INJURY OCCURRED	St	ate Pol	ice Bar	racks V	Vaterlo	o, Md.
OF INJURY			URINE AT LINE	WUTTE					
23.	-6-70 6:3	5 P.m.	WORK L AT W	ORK [] Sh	ot while	e gun l	peing ha	andled	by friend
I certify	that I held an Ir	quiry 🔲	Inspection X Aut	opsy 🔲 an	d that on thi	is basis, d	eath in my c	pinion	
resulted	from: Notural cour	es	Accident X Suicid	_			d monner		
	00		11.	CHIEF	MEDICAL EX	-			AL ALASTON
ACTUAL SIGNATURE	Charl	3).	Trally D	ASSISTAN	T MEDICAL EX	AMINER 5	7	D	ATE SIGNED
EXAMINER'S NAME (Type	Charles	S. Spi	cingate, M.D.	ASSOCIATI	E MEDICAL EX	AMINER [1 May	7, 197	0
24A. BURIAL CREMAT REMOVAL (Specify)	ION, 24B. DATE	2	4C. NAME of CEMETERY	CREMATORY	24D. L	OCATION	(City, town,	or county)	(Stote)
Burial	5/9/70	1	Resurrection	Cemete:	ry C	linto	a Pr.	Geots	Md.
25A. DATE REC'D BY	HENLTH DEPT.	25B, NAM	E OF REGISTRAR	25C. FUNE	RAL DIRECTO			DRESS	
::AY 1 1 19	1 Jaban E	Vale	MA	Ritch	ie Bro	sUp	per Ma	rlbor	Md.208
VS 151-REV. 1/1/68				4 8 0					7

, The land of the land of the land . To an a survey of the good while meteory and the the termination of the state of

FUNERAL DIRECTOR: IMPORTANT

1	M 100 100 1010	BALTIMORE CITY	HEALTH DEPARTMENT		70 4040
1	71-620 70 4816	CERTIFICA	TE OF DEATH	REG. NO.	70 4816
1.0	RTH NO. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Ty	pe or Print) / and = a HEALD	MANNER	10 5/8	2 /	12:50 Am.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	HOUNCED DEAD			itution: residence before odmission)
			A. STATE B. COUN	TY	- 11.01
FU	JLL NAME OF (IF NOT IN HOSPITAL OR INS DSPITAL OR ADDRESS OR LOCATION) STITUTION	STITUTION, GIVE STREET	C. CITY OR TOWN	To thicipi	1001
IN	STITUTION		Bahto.		E CITY LIMITS? YES A NO
20	100 1/000	- 4 - 1	E. STREET AND NUMBER		TES ES NO
1/1	PROUSDENT HOSPI	CLNT	725 M. CA	IRRUCT.	
5.	SEX 6. RACE 7. AS A DDI	ED NEVER MARRIED			If Under 1 Yr., If Under 24 Hrs.
	AA AA			lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10	NUSUAL OCCUPATION (Give kind of work 10B, KIND		11. BIRTHPLACE (State or forei	on country)	12. CITIZEN OF WHAT COUNTRY?
	ne during most of working life, even if retired)		40.2	gii cooniiyi	
1		ORE	MID.		U.S. A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	M E	
,	JAMES It. MAYERS	CR	BEANEHE	- houson	,
15.	Wos Deceosed Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	J - U - DU / -	ADDRESS
100	Mr. A.	SECURITY NO.	Oliver Il No-	1750	· Carey St.
_	18. 4	CAUSE OF DEATH	CLINIANIALE	KS 10011	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	CACCE OF BEAT		1.	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	Exterse	re metastas	s, levere	
	(This does not meon the mode of dying, e		A CONSEQUENCE OF:	MO = du	(=
	heart failure, asthenia, etc. It means the disea injury or complication which caused death.)	se,	- 444	- The	
-	ANTECEDENT CAUSES	60		11. (1.	1/2/
	DISEASES OR CONDITIONS, if any, giv	(B) CILLUT	A CONSEQUENCE OF: //	Coun Ca	
	rise to the above couse (A) stating	3	V		
	UNDERLYING CONDITION last.	(c)	••••••••••••••		
-	II				
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN				
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208 IF VEC WERE ED	NDINGS CONSIDERED
ERTIFI	WAS PERFORMED		2011 40101311 1103 01 110	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	218, PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	/If in Baltimore	City, give exoct locotion)
AL.	OR CONTRIBUTING CAUSE OF	home, farm, foctory, street, of		in in bommore	City, give exoct locollon,
U					
MEDI	OF INJURY (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
<	(APPROX.)	While Al Not While Work Not Work			
	22. I certify that (I) (this haspital) attende	d the deceased fram	5 FEB	1969 to 7 M	A-Y 1965.
	that (!) (we) last saw the deceased alive a	100 10	13 4-		an death accurred an The date
	and haur and fram the causes stated above	1 . 1			The second will the second
	23A. MGNATURE	(ala nat) v	iew the bady after death.		23 B. DATE SIGNED
	M.11.		nding Med.	Staff	5/0/-
	mum pur	DEGREE Phys		Phys.	-18170
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
		DEGREE			
24	A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (City	, town, or county) (Stote)
	B- 15/11/2016	Colorita	lue PK M	ralk.	W.
25	A. DATE REC'D BY HEALTH DIFT. 258 NAM	AE OF REGISTRAR	25C UNERAL DIRECTOR	-1	ADDRESS
1	MAY 1 1 1971 P. R. BE Jak.	AL O O	Bha 16 16/	11/11/10	1 2701 Min COL
VS	150-REV. 1/1/68		all but the	will the	1000

169. Pronounced DD as in emergency

IMPORTANT

DIRECTOR:

FUNERAL

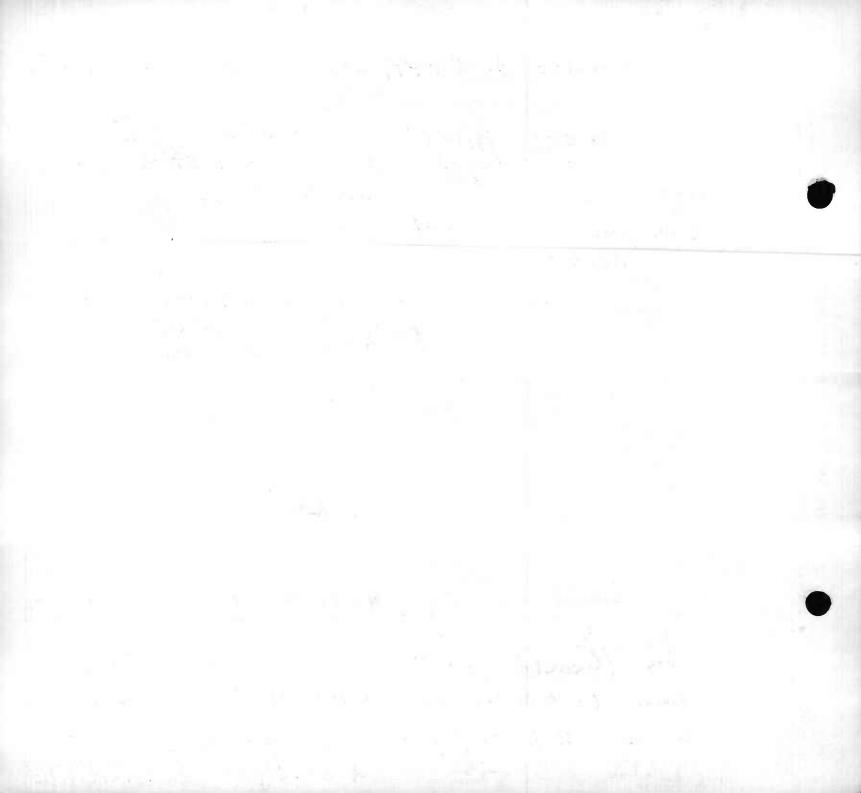
VS 150-REV. 1/1/68

NO

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Il Under 24 Hrs.



5-415 70 18	BALTIMORE CITY	HEALTH DEPARTMENT		MO 4040
BIRTH NO.	18 CERTIFICA	TE OF DEATH	REG. NO.	70 4818
1. NAME OF DECEASED (Type or Print) MARY C. 5 U LHU)	410	2. DATE AN	HOUR OF DEATH	8190
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	LA USUAL RESIDENCE INTA	e deceased lived. Il ins	titulian: residence belare admission
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	NSTITUTION, GIVE STREET	A. STATE B. COUN		DE CITY LIMITS?
UNION MEWORIAL 1	ifOSP ITAL	E. STREET AND NUMBER	J. 114312	YES NO
79		3836 THE	ALEVIEDA	
Chicle in	RIED NEVER MARKIED DIVORCED DIVORCED	B. DATE OF BIRTY 8/10	St birthday 68	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KINdone during most of working life, even if refired) Howevile		11. BIRTHPLACE (State or fare)	an country!	12. CITIZEN OF WHAT COUNTS
13. FATHER'S NAME King		14. MOTHER'S MAIDEN NAM	NE .	0000,
5. Wes Deceased Ever In U. S. Armed Ferces?	1 6. SOCIAL	17. INFORMANT		
Tcs,na ar unknown) (II yes, give war ar dates of sen	SECURITY NO.	Mr. John C. Su	llivan 3828	8 The Alameda
heert failure, asthenia, etc. It means the disinjury ar complication which caused deeth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, give the above cause (A) stelling UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED WAS PERFORMED	iving DUE 10, OR AS the (C)	A CONSEQUENCE OF: SEUD 20A. AUTOPST? (Yes or No.)	20B. IF YES, WERE FI	NDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, eff	er ebout 21 C. WHERE DID ice bidg., INJURY OCCUR?		City, give exact lecation)
21D.TIME (Menth) IDay) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While	21F. HOW DID INJU	RY OCCUR?	
22. I certify that (1) (this hospital) attend	Werk At Werk	5/5	70 to	3/5/20 10
man (1) And 1051 204 the deceased atthe	on	19and tha	/25	on death occurred on the da
and hour and from the causes stated above	(I) (We) (did) (did not) vi	ew the body after death.		
23A. SIGNATURE LEVEL LEON	CL HO Attended Phys.	ding Med. S	haff hys.	23B. DATE SIGNED
23C. PHYSICIAM'S NAME IType)	DEGREE	DNOW MENTORIAL		0 =0
	C, NAME of CEMETERT of CRE	MATORY 24D. LO	CATION (City,	tewn, er countyl (State)
Burial 5/9/170	ew Cathedral Ce	emetery Balt	imore, Hary	pland
A A A A A A A A A A A A A A A A A A A	ME OF REGISTRAR	John A. Mohan		ADDRESS
S 150-DEV 1/1/49		The state of the s	01200	E. Baltimore St



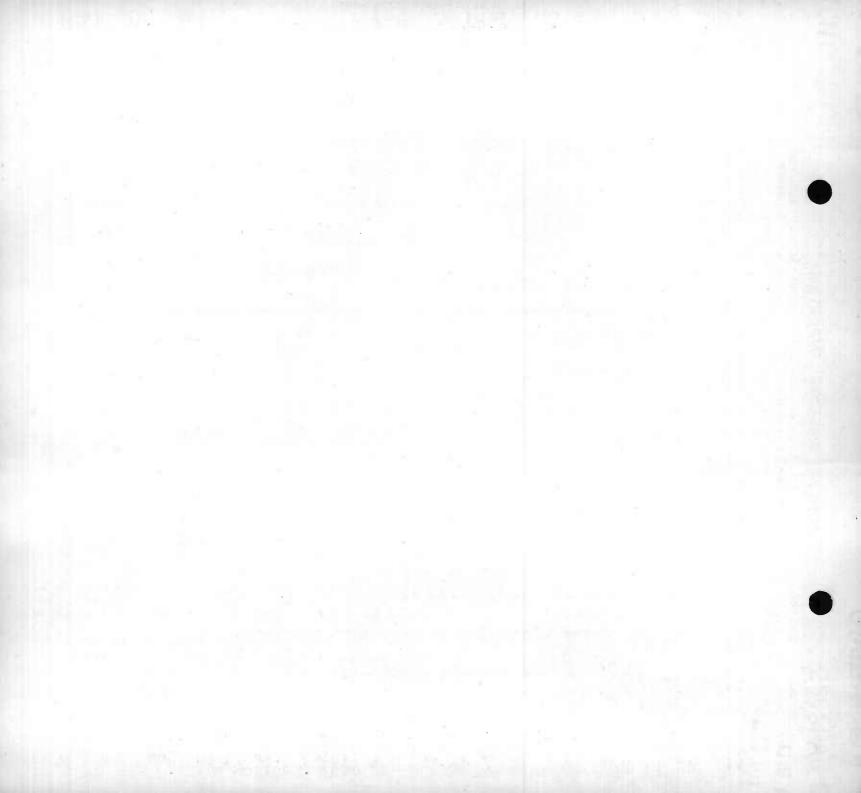
BIRTH NO.		A 5 4 5 5 5 5	DI ILI IIII ONE CIT	Y HEALTH DEPARTMENT		
		4819	CERTIFICA	ATE OF DEATH	REG. NO	70 4819
1. NAME OF (Type or Print)	DOUD, MAR	GARET	a		ND HOUR OF DEATH	7:05P.
3. PLACE IN	BALTIMORE, MARYLAND, W		INCED DEAD	4. USUAL RESIDENCE (Wh		nstitutiom residence belore odmissio
				IN SIMIE B. COU	NII	et .
FULL NAME HOSPITAL OR	ADDRESS OR LOC.	TAL OR INSTITU ATIONI	ITION, GIVE STREET	MARYLAND		229 2864
MOITUTITEM				C. CITY OR TOWN BALT I MORE	D. INS	IDE CITY LIMITS?
,,ST.	AGNES HOSPI	TAL		E. STREET AND NUMBER		YES KK NO
40					MXXXMXXXXX	APT. D Meridene
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED XX		9. AGE (In years	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
FEMAL	E WHITE	WIDOWED		11-24-82	lost birthdoy 87	Months Doys Hours Min.
IOA. USUAL O	CCUPATION (Give kind of world		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country!	12. CITIZEN OF WHAT COUNTS
done during mos	or working life, even if feffred)				orga country;	
13. FATHER'S I	Governess	Self	employed	MARYLAND		U. S. A.
				14. MOTHER'S MAIDEN NA		
MAR	TIN DOUD			MARGARET C	RAVEN	
S. Wos Decoo	sed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT BALTO	; MD. 2122	9 ADDRESS
NO	The first work of cole	- or services	215012752	ST. AGNES HO	SP; CATON 8	WILKENS AVE.
1B. //	12 11		CAUSE OF DEAT			APPROXIMATE INTERVAL
Toise	EASE OR CONDITION DIE	RECTLY		A A		BETWEEN ONSET AND DEAT
	LEADING TO DEATH		(A) IMMEDIATE CAL	ISE CILA		<u> </u>
heat failu	s not mean the mode of ie, asthenio, etc. It means	dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:		
	complication which caused		^			i
	ANTECEDENT CAUSES		m H	SCUD		
DISEASES	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
rise lo	the above cause (A)	sloling the				
ONDEREN			(c)			
Z OTHER SIGN	 	ATDIDLIPPE				
	THE PERSON SECURIORS COL	NIKIDUIING				
E ITO THE DE	ATH BUT NOT RELATED TO TH	4E TERMINAL				
DISEASE OF	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART	TE TERMINAL	HICH OPERATION	120A. All TOBOY? (Vo. a. N.	ol 208 Is yes	***************************************
DISEASE OF	ATH BUT NOT RELATED TO TH	TE TERMINAL T 1 (A). DITION FOR W	HICH OPERATION	20A-AUTOPSY? (Yes or No	0) 208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
TO THE DE DISEASE OF 19A. DATE	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 19B. CONI	TE TERMINAL T 1 (A). DITION FOR WOORMED		1,10		
TO THE DE DISEASE OF TO THE DESCRIPTION OF T	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 19 B. CONDITION WAS PERFORM WAS UNDERLYING 1 CAUSE OF	TE TERMINAL T 1 (A). DITION FOR WOORMED	LACE OF INJURY (e.g., i	20A. AUTOPSY? (Yes or No No O o o o o o o o o o o o o o o o o		FINDINGS CONSIDERED USES OF DEATH? e City, give exoct locotion)
TO THE DE DISEASE OF DISEASE OF THE DEATH (no.	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 19R. CONDITION WAS PERFURDED WAS UNDERLYING BUTTING CAUSE OF Sify medical examined	1E TERMINAL 1 1 (A). DITION FOR W ORMED 218. F home, etc.l	LACE OF INJURY (e.g., i , form, factory, street, of	n or obout 21C, WHERE DID fice bldg., INJURY OCCUR?	(II In Boltimor	
IO THE DE DISEASE OF D	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 19 B. CONDITION WAS PERFORM WAS UNDERLYING 1 CAUSE OF	HE TERMINAL T 1 (A). DITION FOR W ORMED 21.8. P home, etc.]	PLACE OF INJURY (e.g., i form, factory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(II In Boltimor	
IO THE DE DISEASE OF DISEASE OF THE DESCRIPTION OF	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 19B. CONDITION WAS PERF DENT WAS UNDERLYING 1BUTING CAUSE OF fifty medical examined (Month) (Doyl (Year)	HE TERMINAL T 1 (A). DITION FOR W ORMED 218. F home, etc.J (Hour) 21E. F White Wark	PLACE OF INJURY (e.g., in form, foctory, street, of injury occurred to At At Work	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJ	(II In Boltimor	
TO THE DE VOISEASE OF DISEASE OF 19A. DATE 21A. ACCID OR CONTR DEATH (no: 21D. TIME OF INJURY (APPROX.) 22. 1 certi	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 19B. CONDITION WAS PERFORM WAS PERFORM WAS UNDERLYING BUTTING CAUSE OF fifty medical examined (Month) (Doyl (Year)) fy that (1) (this hospital)	HE TERMINAL 1 1 (A). DITION FOR W ORMED 218. F home, etc.l (Hour) 21E. I While Wark) attended the	PLACE OF INJURY (e.g., if form, factory, street, of NJURY OCCURRED At Not While At Work	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJ	(II In Boltimor	e City, give exoct locotion)
TO THE DE VOISEASE OF DISEASE OF 19A. DATE 21A. ACCID OR CONTR DEATH (no: 21D. TIME OF INJURY (APPROX.) 22. 1 certi	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 19B. CONDITION WAS PERF DENT WAS UNDERLYING 1BUTING CAUSE OF fifty medical examined (Month) (Doyl (Year)	HE TERMINAL 1 1 (A). DITION FOR W ORMED 218. F home, etc.l (Hour) 21E. I While Wark) attended the	PLACE OF INJURY (e.g., if form, factory, street, of NJURY OCCURRED At Not While At Work	n or obout 21C. WHERE DID fifice bldg., INJURY OCCUR? 21F. HOW DID INJ	(II in Boltimor	e City, give exoct locotion)
TO THE DE VOICE OF CONTROL OF CON	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 19R. CONDITION WAS PERF DENT WAS UNDERLYING 1 BUTING CAUSE OF fify medical examined (Month) (Doyl (Year) fy that (1) (this hospital) re) last saw the deceased	HE TERMINAL 1 (A). DITON FOR W ORMED 218. F home, etc.l (Hour) 21E. I While Wark) attended the d alive on	NJURY OCCURRED Not Whill At Work deceased from	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJ MAY 19 70 and th	(II in Boltimor	e City, give exoct locotion)
TO THE DE VOISEASE OF DISEASE OF 19A. ACCID OR CONTR DEATH (no: OF 19 TO THE D	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 19B. CONDITION WAS PERF DENT WAS UNDERLYING 1BUTING CAUSE OF fifty medical examined (Month) (Doyl (Year) fy that (1) (this hospital) re) last saw the decease and from the causes state	HE TERMINAL 1 (A). DITON FOR W ORMED 218. F home, etc.l (Hour) 21E. I While Wark) attended the d alive on	NJURY OCCURRED Not Whill At Work deceased from	n or obout 21C. WHERE DID fifice bldg., INJURY OCCUR? 21F. HOW DID INJ	(II in Boltimor	AAY 5 19 70
TO THE DE DISEASE OF DISEASE OF THE DESTRUCTION OF	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 19B. CONDITION WAS PERF DENT WAS UNDERLYING 1BUTING CAUSE OF fifty medical examined (Month) (Doyl (Year) fy that (1) (this hospital) re) last saw the decease and from the causes state	HE TERMINAL 1 (A). DITON FOR W ORMED 218. F home, etc.l (Hour) 21E. I While Wark) attended the d alive on	NOT While At Work (We) (did) (4) (A) (A)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJ AY 4 19 70 and the lew the body after death.	(II In Boltimor	e City, give exoct locotion)
TO THE DE DISEASE OF DISEASE OF THE PROPERTY O	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 19B. CONI UMAS PERF DENT WAS UNDERLYING 1 BUTING CAUSE OF fify medical examined (Month) (Doyl (Year) fy that (1) (this hospital) te) last saw the deceased	HE TERMINAL 1 (A). DITON FOR W ORMED 218. F home, etc.l (Hour) 21E. I While Wark) attended the d alive on	NJURY OCCURRED At Not While At Work deceased from MAY 5 (We) (did) (4) (4) (4) Attended Att	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJ MAY 19_70 and th lew the body after death. nding Med. Director D	(II in Boltimor	AAY 5 19 70
TO THE DE DISEASE OF DISEASE OF 19A. DATE 21A. ACCIE OR CONTR DEATH (no: 21D. TIME OF INJURY (APPROX.) 22. 1 certitha (X) (wond hour conditions of the death of	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 19B. CONDITION 19	HE TERMINAL 11 (A). DITION FOR W ORMED 218. F home, etc.l (Hour) 21E. I While Wark attended the d alive on ed oboxe. XIX	NJURY OCCURRED At Not While At Work deceased from (We) (did) (4) (4) (4) (4)	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJ MAY 19_70 and th lew the body after death. nding Med. Director 223D. ADDRESS	(II In Boltimor	AAY 5 19 / O mion death occurred on the date 238, DATE SIGNED
TO THE DE DISEASE OF DISEASE OF DISEASE OF THE DEATH (no. 21D. TIME OF INJURY (APPROX.) 22. I certification of the property of the proximal o	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 198. CONDITION 19	HE TERMINAL 11 (A). DITION FOR W ORMED 218. F home, etc.J (Hour) 21E. I White Wark attended the d alive on	PLACE OF INJURY (e.g., in form, foctory, street, of NJURY OCCURRED At Not While At Work Addeceased from MAY 5 (We) (did) (4) (4) (4) (4) (7) (7)	n or obout 21C, WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJ AND THE STATE OF THE STA	(II In Boltimor	AAY 5 19 /O nion death occurred on the date 238, DATE SIGNED
TO THE DE DISEASE OF DISEASE OF THE DESCRIPTION OF	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 19R. CONDITION 19	HE TERMINAL 11 (A). DITION FOR W ORMED 218. F home, etc.J (Hour) 21E. I White Wark attended the d alive on	NJURY OCCURRED At Not Whill At Work deceased from MAY 5 (We) (did) \$4\$\$ \$30\$\$ v	n or obout 21C, WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJ MAY 4 19 70 and the flew the body after death. Inding Med. Director D 23D. ADDRESS CATON & WILK	(II In Boltimor URY OCCUR? 19 70 to int In (n) (our) opli Shaff Phys.	AAY 5 19 / O mion death occurred on the date 238, DATE SIGNED
TO THE DE DISEASE OF DISEASE OF 19A. DATE 21A. ACCIE OR CONTR DEATH (no: OF INJURY (APPROX.) 22. I certi that (X) (w ond hour c 23A. 5 GNA 23C. PHYSIC NAME	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 19R. CONDITION 19	TE TERMINAL [1 (A). DITON FOR WORMED 218. Phome, etc.] (Hour) 21E. I While Wark attended the dalive on	Attention of CEMETERY of CRE	n or obout 21C, WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJ 19 70 and th 1ew the body after death. Identified Director Director CATON & WILK MATORY 24D. Le	(II In Boltimor URY OCCUR? 19 70 to 10 for	AAY 5 19 70 mion death occurred on the date 1238, DATE SIGNED SALTO; MD . 21229 y, lown, or countyl (Stote)
TO THE DE DISEASE OF DISEASE OF 19A. DATE 21A. ACCIE OR CONTR DEATH (no: OF INJURY (APPROX.) 22. I certi that (X) (w ond hour c 23A. 5 GNA 23C. PHYSIC NAME	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 19R. CONDITION 19	TE TERMINAL [1 (A). DITON FOR WORMED 218. Phome, etc.] (Hour) 21E. I While Wark attended the dalive on	Attention of CEMETERY of CRE	n or obout 21C, WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJ 19 70 and th 1ew the body after death. Identified Director Director CATON & WILK MATORY 24D. Le	(II In Boltimor URY OCCUR? 19 70 to int In (n) (our) opli Shaff Phys.	AAY 5 19 70 MAY 5 19 70 mion death occurred on the date of the d
TO THE DE DISEASE OF DISEASE OF 19A. ACCID OR CONTR DEATH (no: OF INJURY (APPROX.) 22. I certifing (W) (w) ond hour of 23A. SIGNA 23C. PHYSIC NAME 24A. BURIAL CREMOVAL	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 19R. CONDITION 19	HE TERMINAL [1 (A). DITON FOR WORMED 218. F home, etc.] (Hour) 21E. I While Wark attended the d alive on	Attention of CEMETERY of CRE	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJ MAY 19 70 and th 1ew the body after death. Inding Med. Director D 23D. ADDRESS CATON & WILK MATORY 24D. Li enetery Bal 25C. FUNERAL DIRECTOR	(II In Boltimor URY OCCUR? 1970 to 1970 to 1970 and In (n) (our) option Phys. ENS AVE. E CATION (Cit	AAY 5 19 70 mion death occurred on the dat 238, DATE SIGNED SALTO; MD . 21229 y, lown, or countyl (Stoje)

4647 Manordone Rd.

1	4	BALTIMORE CITY HEALTH DEPARTMENT
J	sed the uch	BIRTH NO. 70-07489 70 4820 CERTIFICATE OF DEATH REG. NO. 70 4820
0	a a a	Three or Bird 2 DATE AND HOUR OF DEATH
	f d ece con h.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
		A. STATE B. COUNTY Institution: residence belose admission
	hos Use (5) dend	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSTITUTION
	caus use; (s tenda	
	in and cau	Church Home and Hospital. Baltimore YES NO
	ded ded	5001 DENTON TEIGHTS HOS 2129
	occur ontrib ermin regul	MARKIED NEVER MARRIED NO. DATE OF SIRTH 19. AGE (In years II Under 1 Yr. If Under 24 Hirs. Months Davis Higher)
7	oon on on o	WIDOWED DIVORCED DIV
	the care	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
	dec Unc as de d	Bolltimore, Maryland.
	if dect (t) L (way	Paralle Vita Charles Trace Day
	dir dir	
	40 - 00 0	15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or doles of service) SECURITY NO. OH 15 CORC Chart - Mother Soot, Benton
	find a A Print	- 1 18 6095 Chart - Mother Sooi, Benton Heights Ave. 2120
	s are if any ced	CAUSE OF DEATH
	of of the state of	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
	Pror	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE 1 LIMIT TO OR AS A CONSEQUENCE OF
	ner. actu pro ular mba	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: (26 Week Proposed) the 6800.
	E CLODO	ANTECEDENT CAUSES
,	Xan Xan A A A A A A A A A A A A A A A A A A A	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
LINE	an (3)	rise to the above cause (A) stoting the UNDERLYING CONDITION last. (C)
3	15 C	
		O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
•	+ E > C.D o	S IDISEASE OF CONDITION GIVEN IN PART 1 (A)
-	Bod a the hysic re th	19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
94		O 21A ACCIDENT WAS UNDERLYING 2 21B PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Boltimore City, give exact location)
* >	her No bef	DEATH (notify medical examined)
	ospinospinospinospinospinospinospinospin	OF (NJURY OCCUR?
	he hosp by naturacept water and (6) btained	(APPROX.) While At Work At Work
	the ny exc	22. I certify that (1) (this hashital) attended the decread (
200	0.0	that (1) (we) last sow the deceased alive on
9		ond hour and from the causes stated abave. (1) (We) (did) (did nat) view the body ofter death.
St	dent deat deat must	23A. DATE SIGNED
5	0	Rollis In . Di DEGREE Phys. Director Phys. 35-4-70
Ite	An ac An ac prior	23C. PHYSICIAN'S NAME (Typel 23D. ADDRESS
NO N	Ppr	RODELIO M. LIM Plus Hung of home
certificat body was	59.5 E	REMOVAL (Specify 24C, NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, towyr, or county) (Stote)
Poq	D. D.	Burial 3/6/20 Oak Jawa Both mel
This cert	shows: (1) An acc was D.O.A. at a b deceased prior to written approval	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
} +- v		MAY 1 1 19/10 Paber & Jaiber MB. O O of 1/87 Corbnelly for 300 mines
		VS 150-REV. 1/1/68

State of the state the state of the s FUNERAL DIRECTOR: IMPORTANT

C	-na	BALTIMORE CITY	HEALTH DEPARTMENT	22/0
BILL	520 70 4	821 CERTIFICA	TE OF DEATH	G. NO. 70 4821
	AME OF DECEASED A PRINT A	BANKS.	2. DATE AND HOUR OF	
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased	d lived. If institution: residence before odmission)
HO	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) THUTION THUTION THUTION	Balt. MD.	406 NORMANDY C.CITY OR TOWN BRITO	D. INSIDE CITY LIMITS? VES EV NO
7	F346		E. STREET AND NUMBER 406 NORmandy	Ave
5. \$1	EX 6. RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In	years If Under 1 Yr., If Under 24 Hrs.
-	Jende Negro. WIDON		2-21-22 lost birthdo	
10Å.	USUAL OCCUPATION (Give kind of work 10B, KIN			12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)	_	Baltimore-Md.	45 A-
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. V	OSEPH JOHNSON Vas Deceased Ever in U. S. Armed Forces? on or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	Sarah Bryant 17. INFORMANT Charet	ADDRESS
\Box	1B. ¬	CAUSE OF DEATH		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		9 Part 1. 0	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	A A BANAEDIATE CALL	? acute pulmon	appr.
	(This does not meon the mode of dying,		A CONSEQUENCE OF:	ena
	heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	ase,	? Dravetre and	- H8hh
	ANTECEDENT CAUSES		. Dissour acid	
		(B)	A CONSEQUENCE OF:	
	DISEASES OR CONDITIONS, if any, gi	the DUE TO, OR AS	A CONSEQUENCE OF:	
	UNDERLYING CONDITION last.	(c) Drac	etes mellitus u	neontolles
1	11			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI		•	
Ē	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL		
	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes No.) 20B. IF	YES, WERE FINDINGS CONSIDERED
RTII	WAS PERFORMED	manufacture.	. IN CERT	
_	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID (Fice bldg., INJURY OCCUR?	if in Boltimore City, give exoct locotion)
음	21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCC	UR?
3	OF INJURY	While At Not While		
	(APPROX.)	Work At Work		-/-/
	22. I certify that (I) (this haspital) attend	ed the deceased fram	5/7/ 19.70	to J/9/ 1970
	that (I) (we) last saw the deceased alive	-/1	,	(aur) apinian death accurred an the date
	and hour and fram the causes stated abov	e. (I) (We) (did) (did nat) v	iew the bady after death.	
	23A SIGNATURE		MILE YELL SEAL OF	23B, DATE SIGNED
	Suban C. Abuje	Phys	nding Med. Staff Phys.	1/9/70
	23C. PHYSICIAN'S NAME (Type)	DEGKEE	23D. ADDRESS	2
	Crossic P And TA	My	Lutheran Hos	. Idalt. MD.
24A	BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	U	(City, town, or county) (Stote)
	REMOVAL (Specify)			
		Carver Menoria	1 Park Howard	Co.,
25A.	MAY 11 1970 Pole & Jas	ME OF REGISTRAR	Laiah L. Brown a	nd Son
VS 1	50-REV. 1/1/6B			



VS 150-REV. 1/1/6B

VS 150-REV. 1/1/68

VS 150-REV. 1/1/68

DURAN WHE WILL DATE THE STREET WITH

FLORENCE YOU'VE

11-17-60

British Common C

70 Play 1777

IN THE PARTY OF TH

778 VATT

17 Vist

THE CREEKING TO STORY WITH MARKET WALL

VS 150-REV. 1/1/68



24C. NAME of CEMETERY OF CREMATORY

25B. NAME OF REGISTRAR

24D. LOCATION (City, town, or county)

Margaretta B. Brown 3106 Walbrook A ve

ADDRESS

Baltimore

25C. FUNERAL DIRECTOR

(Stote)

Md

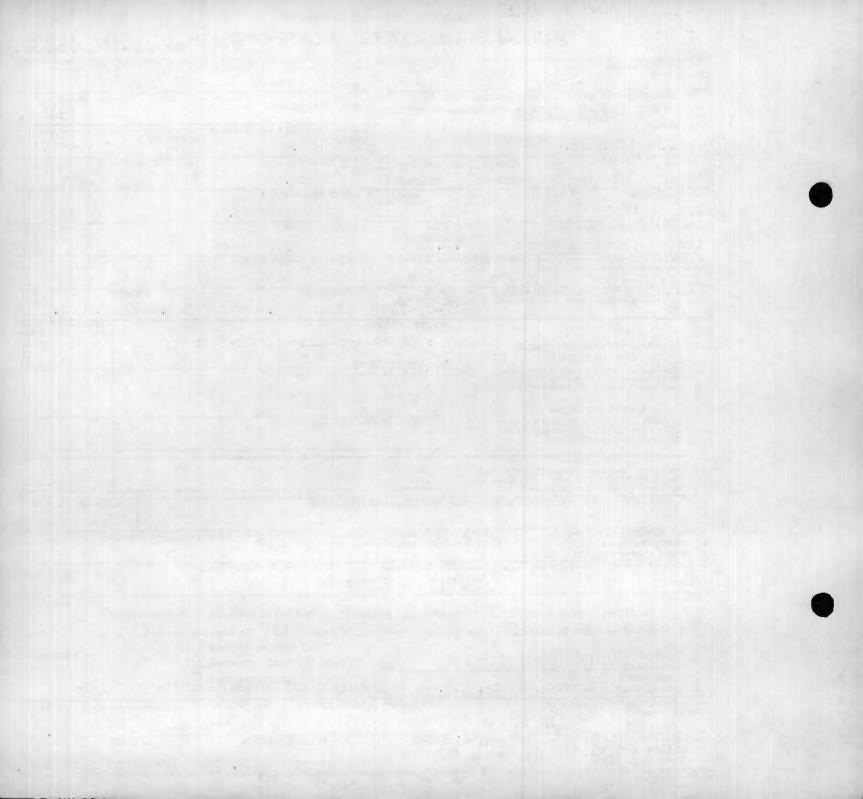
24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DER

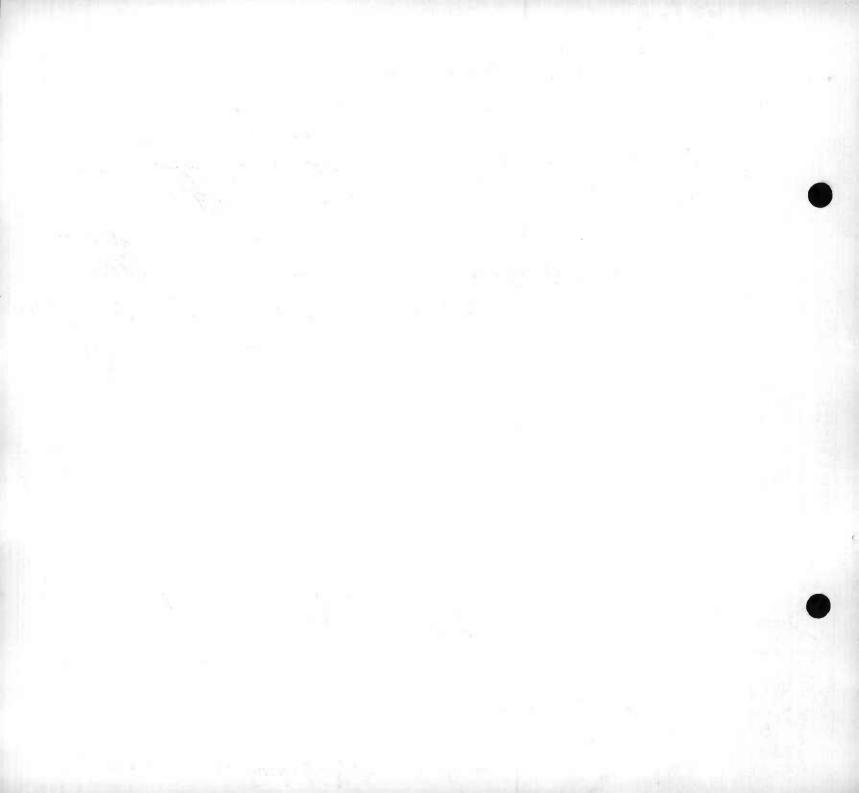
REMOVAL (Specify)
Burial

VS 151-REV. 1/1/68

24B, DATE



VS 150-REV. 1/1/6B



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

LIBERTA KLENN 1 XMED COLLES STAT BELLIK SEL

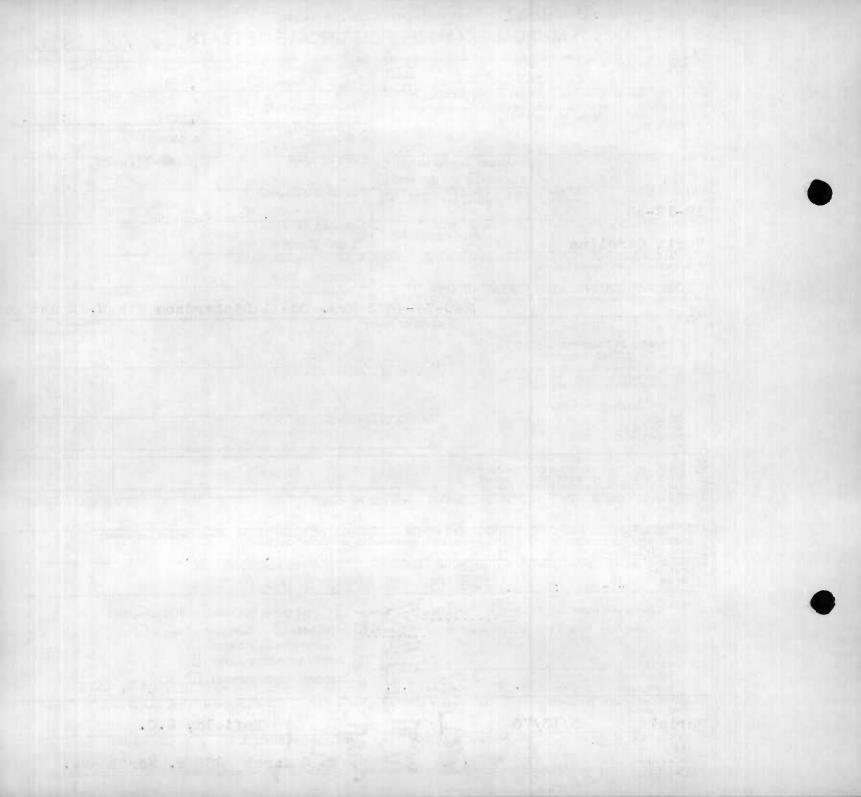
M-324 70 4829 BALTIMORE CITY HEA	ALTH DEPARTMENT
MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG, NO. 70 4829
I. NAME OF DECEASED	2. DATE Kngwn Manth Doy Year Hour
(Type or Print) GLENN MITCHELL	OF DEATH Estimoted 5 9 70 1:35 a _M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD May 9, 1970 1:35 a M.
Johns Hopkins Hospital 5-15-70	S. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE Maryland B. COUNTY J
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Balto. YES NO
9. DATE OF BIRTH 2/9/50 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	1530 Carsewell St.
Baltimore Md 12. CITIZEN OF UWHATCOUNTRY?	Rufus Mitchell
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
nospital	Anna Bell
(Yes, no or unknown) (If yes, give war or dates of service)	Mr Rufus Mitchell, Same
19. CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follure, osthenia, etc. it means the disease,	AUSE Gunshot wound of the abdomen
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	AS PERFORMED 21. AUTOPSY? (Yes or No) YES
☐ UTING ☐ CAUSE OF DEATH. Home	In or obout 22C. WHERE DID (I in Boltimore City, give exact location) bldg., etc.) INJURY OCCUR? 1530 Carswell Street
(APPROX.) 4 8 70 ? m. WORK NOT AT W	WHILE Subject shot in the abdomen
	topsy and that on this basis, death in my apinion
resulted from: Natural causes Accident Suicid	
ACTUAL Month of the Market of	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER XX
SIGNATURE M.D. M.D. EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Teidore Mihalakie M D	5/9/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 5/14/70 MT Auburn	Cemetry Baltimore Md
MAY 11 1970 Robert & Saber 70	Adolphus Halstead 1206 W north Ave
VS 151-REV. 1/1/68	

This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

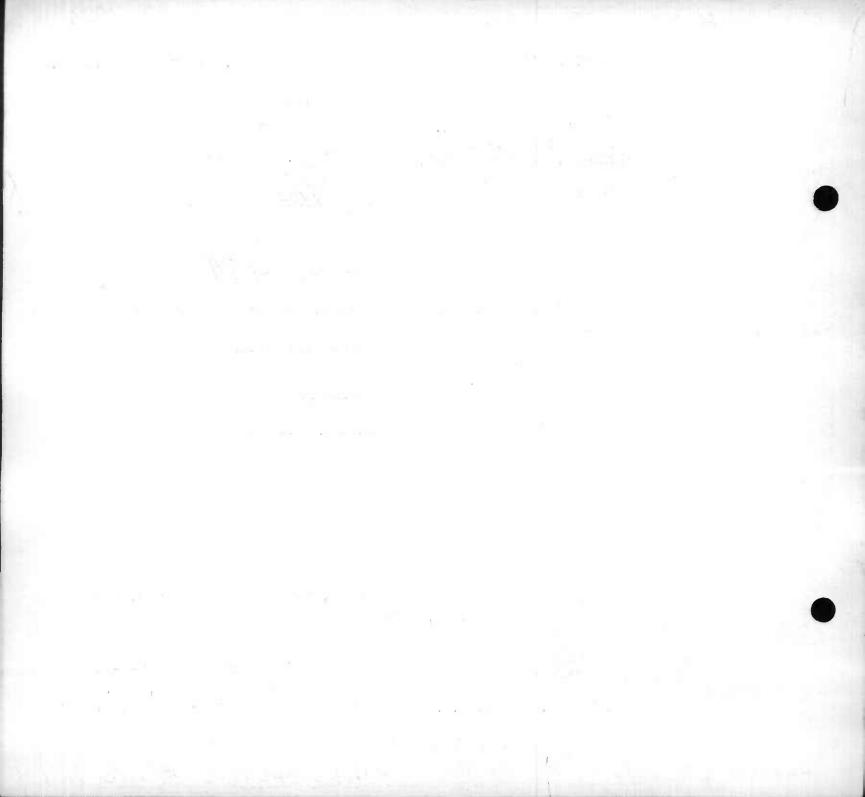
H-(20 MO AO20 BALTIMORE C	TTY HEALTH DEPARTMENT
BIRTH NO. CERTIFIC	CATE OF DEATH REG. NO. 70 4830
I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) EDWARD (). LARRIS	MAY 7 1970 11:25 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND - 17021
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
MARYIAND GEMERAL DOSPITAL	BALTIMORS YES IN NO [
Mithediting Quistage posting	E. STREET AND NUMBER
	1202 N SUTAW PLACE 110
5. SEX 6. RACE 7. MARRIED V NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years il Under 1 Yr. il Under 24 Hrs. Months! Doys Hours Min.
WIDOWED DIVORCED	1312107 1 63
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY
	Maruland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
EDWARD Harris	Rebecca _
15. Was Deceased Ever in U. S. Armed Forces? 116. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) III yes, give wor or dotos of service) SECURITY NO.	20
ga	Mis. Elterris 1202 N. Ector Pl.
CAUSE OF DE	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	extrointestinal,
(This does not mean the made of dying, e.g. (A)IMMEDIATE C	
heart failure, astheria, etc. Il means the disease, injury at complication which coused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES	
(B) CD	sphous of Juner
DISEASES OR CONDITIONS, if any, giving DUE TO, OR rise to the above couse (A) stoting the	AS A CONSEQUENCE OF:
UNDERLYING CONDITION lost. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IN THE DEATH BUT NOT RELATED TO THE TERMINAL	
■ IDISEASE OR CONDITION GIVEN IN PART 1 (A). ■ IDISEASE OR CON	***************************************
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	yes were
OP CONTRIBUTING COALLES OF	office bidg., INJURY OCCUR?
DEATH (natify medical examines)	
OF INJURY IMONTH) IDOY) IYeor) HOUR 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Wo	hile L
22. I certify that (1) (this hospital) attended the deceased from	19 70 to 5 77 19 70
that () (we) last sow the deceased alive on	
	19and that in (m/) (our) opinion death occurred on the date
and hour and fram the causes stated abave. (1) (We) (dld) (did nat	
	Attending Med. Staff 238, DATE SIGNED
DOOL HILL INCL.	hys. LJ Director LJ Phys. LJ
23C. PHYSICIAM'S NAME (Type)	23D. ADDRESS
LI CAROL LEZ KOSKI III) EE
24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY OF C	
Burnst 5/11/70 Mt-Colvery	dem. Anne Arundel Cty. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAY 1 1 1970 Rober & Jabel NO 0	NAM MARCH 928 E. Horth Ave
V\$ 150-REV. 1/1/68	Millian Indiana Indiana



BALTIMORE CITY HEALTH DEPARTM	LENT	
J-520 MEDICAL EXAMINER'S CERTIFICA		70 4001
BIRTH NO.	REG. NO.	70 4831
	Nnown 🔀 Month Day	Year Hour
LEE MATHEWS JONES	Essimoted May 7, 1970	м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET PRONOUNCE)	Month Day	Year Hour
HOSPITAL ADDRESS OR LOCATION)	May 7, 1970	10:20 A.M.
A. STATE	ENCE (Where deceased lived. If Institution: B. COUNTY	residence before admission)
Mercy Hospital (DOA) Ma	ryland	1603
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOV	WN D. INSIDE CIT	Y LIMITS?
Male Negro WIDOWED DIVORCED Ba	lltimore YE	S X NO
(last birthdoy) Manihs, Doys, Hours, Min.	NUMBER	
	26 W. Mosher Street	
1. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S N.		
North Carolina Lee Jo	ones	
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S A lone during most of working life, even if retired)		
Laura		
4. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMAN 18. INFORMAN		DRESS
240-74-4475 Mrs. C	dell Richardson 9	
19. CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
	wning	
(This does not mean the made of dying, e.g., heart failure, osthenia, etc., it means the disease, injury or complication which caused death.)	CE OF:	
injory of complication which caused dedits,		
ANTECEDENT CAUSES (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	NCE OF:	3
I UNDEKLING CONDITION IASI.		
li li		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED		
DISEASE OR CONDITION GIVEN IN PART 1 (A)-		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED		
		21. AUTOPSY? (Yes or No)
		No
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., In or obout 22C, Y UNDERLYING MOR CONTRIB. home, form, loctory, street, office bidg., etc.) INJUR	WHERE DID (If in Ballimare City, give exact Y OCCUR?	No
22A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., In or obout 22C, V hame, form, loctory, street, office bldg., etc.) INJURY (a.g., In or obout 22C, V hame, form, loctory, street, office bldg., etc.) INJURY (a.g., In or obout 22C, V hame, form, loctory, street, office bldg., etc.)	blk. Light St., (Bal	No
222. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH. 228. PLACE OF INJURY (e.g., In or obout 22C, V home, form, locary, street, office bldg., etc.) INJUR Water 220. TIME (Month) (Doy) (Year) (Hour) 122E. NAILEY OCCURRED 22E. N		No location) 2201
ZZA. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB. UTING CAUSE OF DEATH. ZZD. TIME (Month) (Doy) (Year) (Hour) ZZE.INJURY OCCURRED. OF INJURY (APPROX.) 5-7-70 9:50 A. m. WORK AT WORK T. Jump	blk. Light St., (Bal	No location) 2201
ZZA. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH. ZZD. TIME (Month) (Doy) (Year) (Hour) ZZE. NJURY OCCURRED. OF INJURY (APPROX.) 5-7-70 9:50 A. m. WORK NOT WHILE AT WORK Jume 23.	blk. Light St., (Bal low did INJURY OCCUR? ped into water	No location) 220/timore Harbor()
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., In or obout 22C. V hame, farm, lactory, street, office bldg., etc.) INJURY OF INJURY (Approx.) 100 (Year) (Haur) 22E. INJURY OCCURRED 22F. Hamed Capper (Approx.) 100 (Year) (Haur) 22E. INJURY OCCURRED 22F. Hamed Capper (Approx.) 100 (Year) (Haur) 100 (Year) (Haur) 22E. INJURY OCCURRED 22F. Hamed Capper (Approx.) 100 (Year) (Haur) 100 (Year) (Haur) 22E. INJURY OCCURRED 22F. Hamed Capper (Approx.) 100 (Year) (Haur) 22E. INJURY OCCURRED 22F. Hamed Capper (Approx.) 100 (Year) (Haur) 22E. INJURY OCCURRED 22F. Hamed Capper (Approx.) 100 (Year) (Haur) 22E. V Hamed Capper (Year) (Haur) 22	blk. Light St (Bal HOWDID INJURY OCCUR? ped into water ad that on this basis, death in my o	No location) 220/ timore Harbor()
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout 22C. V hame, farm, lactary, street, office bldg., etc.) INJURY WATER 22D. TIME (Month) (Doy) (Year) (Haur) 22E. INJURY OCCURRED. 22F. H (APPROX.) 5-7-70 9:50 A. m. WHILE AT WORK J Jumi 23. 1 certify that I held an Inquiry Inspection X Autopsy an resulted from: Natural causes Accident Suicide K Hamici	blk. Light St., (Bal HOWDID INJURY OCCUR? ped into water and that an this basis, death in my of	No location) 220/ timore Harbor()
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., In or obout 22C. V hame, farm, lactary, street, office bldg., etc.) INJURY WATER 300 22F. H WATER ACTUAL 22B. PLACE OF INJURY (e.g., In or obout 22C. V hame, farm, lactary, street, office bldg., etc.) INJURY 300 22F. H WATER 300 300 300 300 300 300 300 300 300 3	blk. Light St. (Baldownia Injury occur? ped into water de that an this basis, death in my of the Undetermined manner of the MEDICAL EXAMINER	No location) 220/ timore Harbor()
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 5-7-70 9:50 A. m. WORK NOT WHILE AT WORK Jume 1 certify that I held an Inquiry Inspection X Autopsy an resulted from: Natural causes Accident Suicide K Hamici CHIEF ACTUAL SIGNATURE ASSISTAN	blk. Light St., (Bal HOWDID INJURY OCCUR? ped into water and that an this basis, death in my of	No location) 220/ timore Harbor()
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E. NJURY OCCURRED OF INJURY (APPROX.) 5-7-70 9:50 A. m. WORK NOT WHILE AT WORK 23. 1 certify that I held an Inquiry Inspection X Autopsy an resulted from: Natural causes Accident Suicide Hamici CHIEF ACTUAL SIGNATURE EXAMINER'S Charles C. Carrier and M.D. ASSOCIATI	blk. Light St., (Ballow Did Injury OCCUR? ped into water Ind that an this basis, death in my or Ide Undetermined manner F MEDICAL EXAMINER T MEDICAL EXAMINER T	No location) 220/ timore Harbord) pinion DATE SIGNED
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. 22F. H. WHILE AT NOT WHILE XI WORK X Jum. 23. 1 certify that I held an Inquiry Inspection X Autopsy an resulted from: Natural causes Accident Suicide X Hamici CHIEF ACTUAL SIGNATURE ASSISTAN EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATION ASSOCIATION (AREA BURIAL CREMATION).	blk. Light St. (Ballow Did INJURY OCCUR? ped into water Independent of the terminal manner of the company of	No location) 220/ timore Harbor() pinion DATE SIGNED 7, 1970
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 5-7-70 9:50 A. m. WHILE AT WORK Jump 1 certify that I held an Inquiry Inspection M.D. Assistan EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATI CALL SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATI CALL SIGNATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY	blk. Light St., (Ballow Did Injury OCCUR? ped into water Ind that an this basis, death in my of the County of th	No location) 220/ timore Harbord pinion DATE SIGNED 7, 1970
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.JNJURY OCCURRED. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.JNJURY OCCURRED. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.JNJURY OCCURRED. 22F. H WHILE AT NOT WHILE AT WORK J Jum 23. 1 certify that I held an Inquiry Inspection X Autopsy an resulted from: Natural causes Accident Suicide X Hamici ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate, M.D. 24B. DATE 24C. NAME of CEMETERY or CREMATORY Burial 5/13/70	blk. Light St. (Ballow Did Injury Occur? ped into water de that an this basis, death in my of the Undetermined manner of MEDICAL EXAMINER MEDICAL EXAMINER May 24D. LOCATION (City, town, Enfield, N.C.	No location) 220/ timore Harbord) pinion DATE SIGNED 7, 1970 or county) (State)
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.JNJURY OCCURRED. (APPROX.) 5-7-70 9:50 A. m. WHILE AT WORK Jumi 23. 1 certify that I held an Inquiry Inspection X Autopsy an resulted from: Natural causes Accident Suicide X Hamici CHIEF ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate, M.D. 24B. PLACE OF INJURY (e.g., In or obout) 22C. V. Mane, form, lactary, street, office bidg., etc.) INJURY (approx.) 100 (Year) (Hour) 22E.JNJURY OCCURRED. 22F. H. WORK AT WORK Jumi Autopsy an an accident Suicide X Hamici CHIEF ACTUAL SIGNATURE ASSISTAN EXAMINER'S NAME (Type) Charles S. Springate, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY BUP1 a1 5/13/70 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNE	blk. Light St. (Ballow Did Injury Occur? ped into water de that an this basis, death in my of the Undetermined manner of MEDICAL EXAMINER MEDICAL EXAMINER May 24D. LOCATION (City, town, Enfield, N.C.	No location) 220/ timore Harbord) pinion DATE SIGNED 7, 1970
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 5-7-70 9:50 A. m. WHILE AT WORK Jump 23. 1 certify that I held an Inquiry Inspection M.D. Autopsy and resulted from: Natural causes Accident Suicide Manual EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSISTAN ASSOCIATION EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATION EXAMINAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY Burial 5/13/70 25C. FUNE 25C. FUNE 26D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. H. Water Water Autopsy and Accident M.D. Autopsy and Accident M.D. ASSISTAN ASSOCIATION 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY Burial 5/13/70 25C. FUNE	blk. Light St. (Ballow Did Injury Occur? ped into water de that an this basis, death in my of the Undetermined manner of MEDICAL EXAMINER MEDICAL EXAMINER May 24D. LOCATION (City, town, Enfield, N.C.	No location) timore Harbord) pinion DATE SIGNED 7, 1970 pr county) (State)



	4-400 70 483	(1)	TE OF DEATH	reg. No	4832
	NAME OF DECEASED The or Print) Charles Hill			y 7, 1970	7:15 p.
FL	PLACE IN BALTIMORE, MARYLAND, WHERE PR JUL NAME OF OSPITAL OR III ADDRESS OR LOCATION) Provident Hospi 1514 Division S Baltimore, Mary	tal, Inc.	A. STATE B. COUN Maryland C. CITY OBTOWN: E. STREET AND NUMBER 300 E. 23	D. INSIDE CIT	1204 Y LIMITS?
5.	SEX 6. RACE 7. MARI Male Negro WIDO	RIED NEVER MARRIED	8. DATE OF BIRTH	ost birthdoy)	nder 1 Yr. If Under 24 Hrs.
13.	FATHER'S NAME Wos Docoosed Ever in 0. S. Armed Forces? s.pg of unknown] [1] yet, give wor or doles of serv	D OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Siele of foreign) 14. MOTHER'S MAIDEN NAM 17. MYFORMANT		ADDRESS
	yes pere time	227-16-3030	Limise In	Hell 2737	Gillas we
ATION	LEADING TO DEATH (This does not meen the mode of dying, heart foilure, asthenia, etc. It means the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, girise to the above cause (A) stolling UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A).	ving (B)	SE ACUTE ALCOHOT A CONSEQUENCE OF: EPILEPSY A CONSEQUENCE OF: DIMENTIA TRIME		
CERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	NO	20B, IF YES, WERE FINDIN IN CERTIFYING CAUSES O	GS CONSIDERED OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofily medical examine)	21B. PLACE OF INJURY (e.g., in home, form, fociory, street, of etc.)		(If in Boltimore City,	give exact location)
MEDIC	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 & INJURY OCCURRED While A1 No1 While Work At Work	21F. HOW DID INJU	PRY OCCUR?	- 54
	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive and haur and from the causes stated abov	May 7, 1970	19ond tha	9toMay t in(my) (our) opinion d	eath occurred on the date
	23A. SIGNATURE		nding Med.	Staff Phys.	DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) PAYMINDO P. COT		3D. ADDRESS Provide	ent Hospital,	
	RAYMUNDO R. COI REMOVAL (Specify) Sulfat 5:/2:70 A DATE REC'D BY HEALTH DEBT. 255 NA	C. NAME OF CEMETERY OF CRE			ADDRESS
VS	150-REV- 1/1/68		syman HC	wind of	uce ma



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

ADDRESS 4637 Coleburne APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct lacotian)and that in (my) (aur) apinion death accurred on the date 23 B. DATE SIGNED (City, town, or county) Warv land

BALTIMORE CITY HEALTH DEPARTMENT

9:45

NO

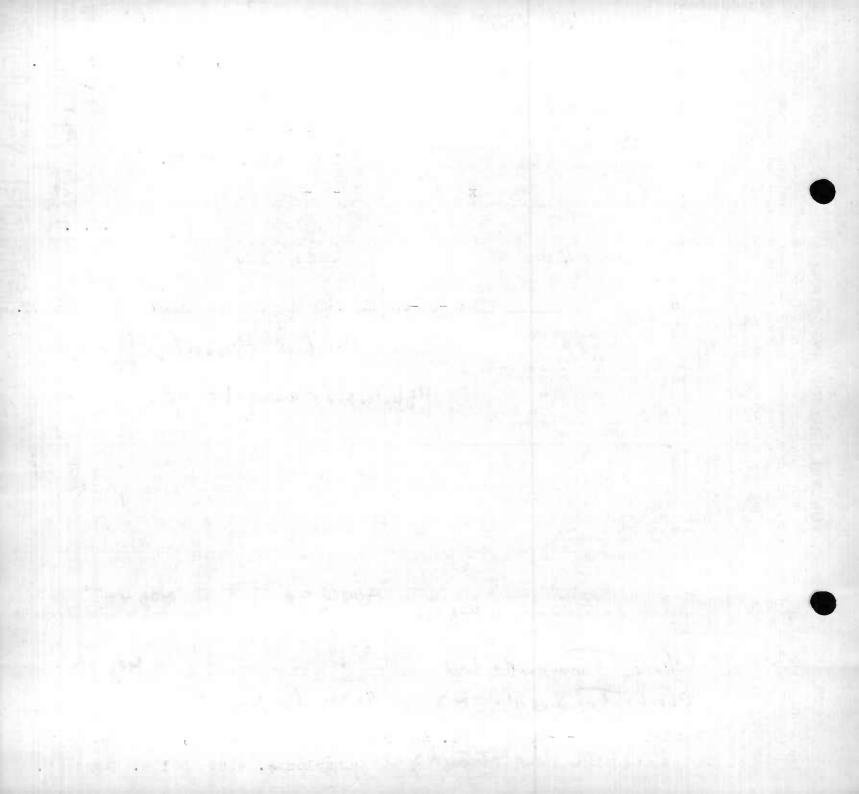
Hours

U.S.A.

If Under 24 Hrs. Hours : Min.

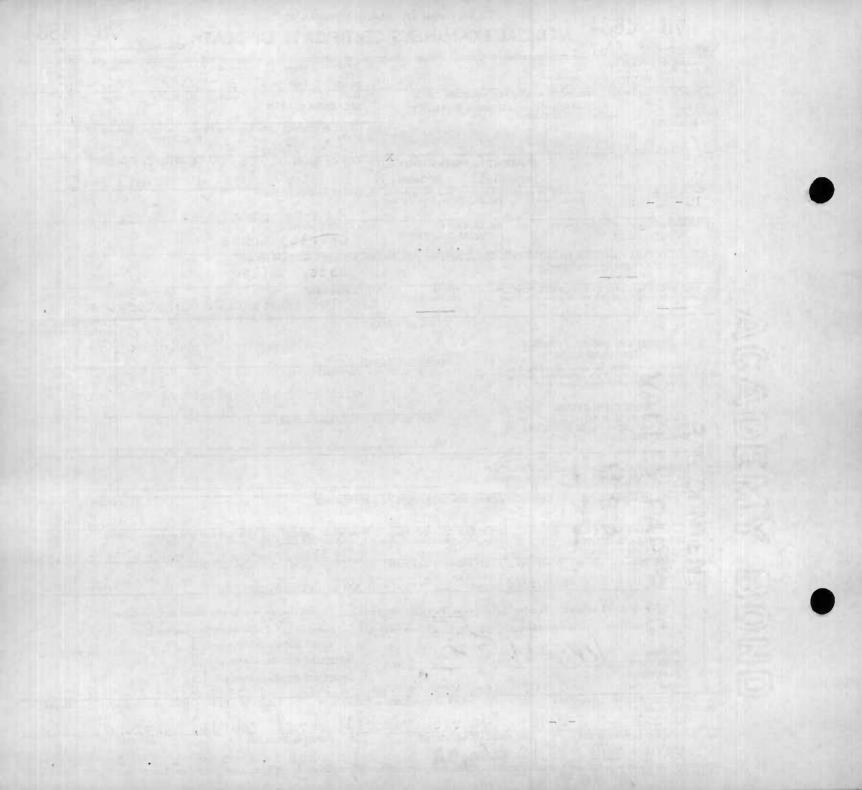
19 70

ADDRESS

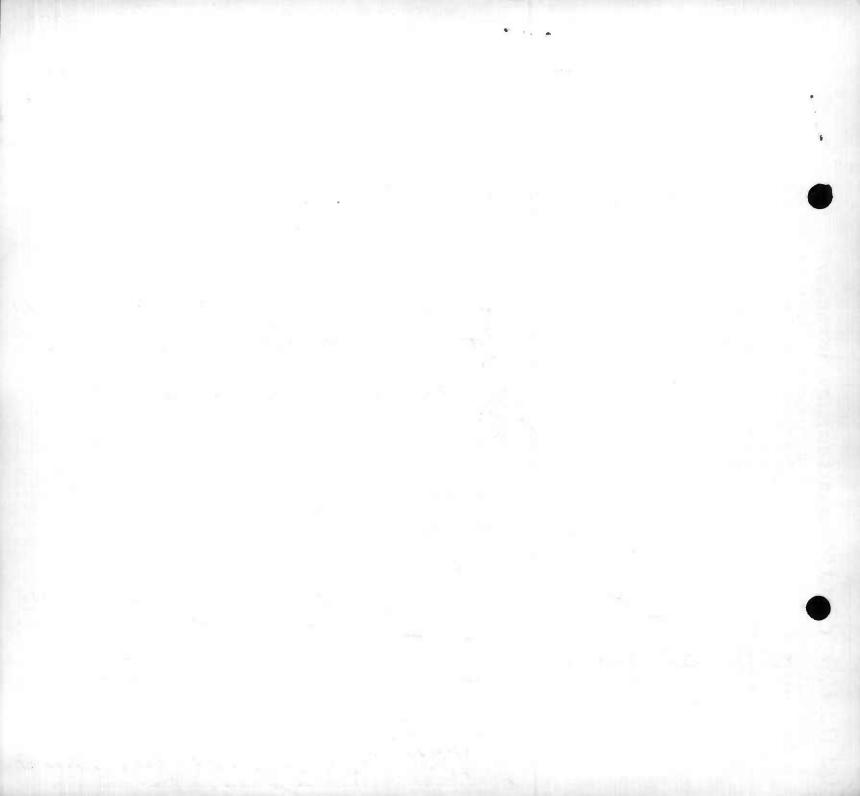


2417111000	-			
BALTIMORE	CITY	HEALTH D	FPARTMENT	

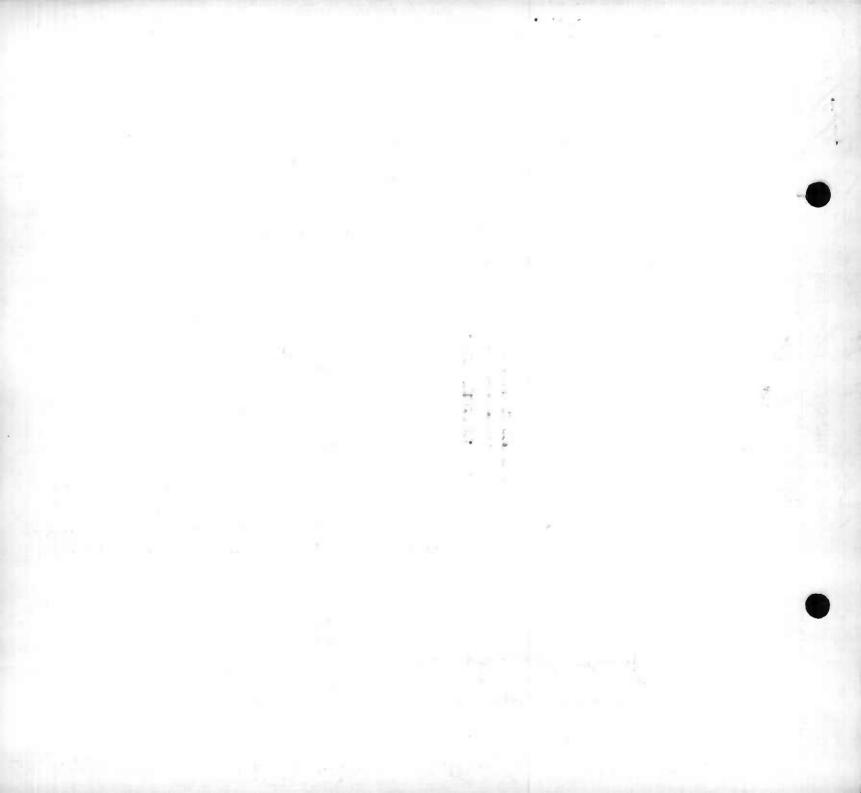
ŀ	70 4834	MED	ICAL	EXAMINER'S			E DEAT	71.1	70	4834
В	RTH NO. 65-3143	32	ICAL	LVWWIIIAEK 2	EKIIF	CATEO	r DEA!	REG. NO		1001
1. (T)	NAME OF DECEASED				2. DATE OF	Known 🗌	Month	Day	Yeor	Hour
-		HOUSE			DEATH	Estimoted [5	4	70	9:05 a A
FL	PLACE IN BALTIMORE, MA	OT IN HOSPITA	L OR INSTI	INOUNCED DEAD	3. DATE PRONC	UNCED DEAD	Month	Doy	Yeor	Hour
O	SPITAL ADDR	ESS OR LOCAT	TION)		c ucua.	PECIPICAL DE COM	May	4,	1970	9:05 a A
ŀ	37 Mercy H	osnital			A. STATE	Martal and	ere deceased l	B. COUNTY	in: residence b	efore odmission)
6.	SEX 7. RACE	OSPICAI		D NEVER MARRIED	C. CITY O	Maryland R TOWN		D. INSIDE C	TTY LIMITS?	01
	Male Negr	0	WIDOWE			Pol+o				
9.	DATE OF BIRTH 12-20-65	10. AGE (In	yeors	Munder I Yr. I! Under 24 Hrs. Aonihs Doys Hours Min.	E. STREET	Balto. AND NUMBER			res 📗 1	ио 📙
_		4			13	109 Green	mount A	ve.		
11.	Maryland	gn country)	1:	2. CITIZEN OF WHAT COUNTRY?	13. FATHER	ardes H				
14/	LUSUAL OCCUPATION (Give during mast of warking life, ev	ve kind of work I	4B. KIND	OF BUSINESS OR INDUSTRY	15. MOTH	R'S MAIDEN N	AME			
					Ba	tty Wal	ler			
(Ye	WAS DECEASED EVER IN s, na ar unknawn) (II yes, give	U.S. ARMED war ar dotes a	FORCES?	17. SOCIAL SECURITY NO.	Chanl	MANT OS Hous	0 4690	Dos	DDRESS	
-	19.			CAUSE OF DEAT		os nous	6 4025	Verse		
	E 170 AL			CAUSE OF DEAL	n				BETWE	PROXIMATE INTERVAL EEN ONSET AND DEAT
	DISEASE OR COND LEADING TO		TLY			Smoke and	d soot	inhalat:	ion	
	(This does not mean the heart loilure, asthenia, etc.	made of dyla	ng, e.g.,	(A)IMMEDIATE C.	S A CONSEC	UENCE OF:				
	Injury ar complication whi	ch caused de ot	th.)					-1 1 1		
	ANTECEDENT	CAUSES		(B)		extensi	e racı	ar and i	oody bu	rns
	DISEASES OR CONDITION	ONS, IF ANY,	GIVING NG THE	DUE TO, OR A	S A CONSE	QUENCE OF:				
Z	UNDERLYING CONDITI	ION LÁST.		(c)			7-7-3			
일		11								
CERTIFICATION	OTHER SIGNIFICANT CONTO THE DEATH BUT NOT DISEASE OR CONDITION	RELATED TO T	HE TERMIN	1G AL						
ERT				OR WHICH OPERATION WAS	PERFORA	(ED			21. AUTOP	SY? (Yes or No)
7	0									JII (***********************************
ŏ	22A. EXTERNAL CAUSE UNDERLYING OR CON		22	B. PLACE OF INJURY (e.g., ime, farm, loctary, street, office	or about 2	2C. WHERE DID	(If In Boltimo	re City, give exc	oct locotion)	0
MEDIC,	UTING CAUSE OF DEA	TH.		Home Home	bidg., etc.) i		nmount	ATTA . 21	nd floor	r bedroom
2	OF INJURY	oy) (Yeor)	(Hour)	22E.INJURY OCCURRED		2F. HOW DID IN	JURY OCC	JR?	IG IIOO	r pedroom
	(APPROX.) 5 4	+ 70 8	:30a m	WHILE AT WORK AT WO	WHILE XX	Conflagr	ation			
	I certify that I he	eld an Inc	quiry 🔲	Inspection Auto	psy 🗌	and that on	this basis	dooth to	- 1 1	
	resulted from: N		-	Accident XX Suicide		micide		ned manner		
	1	10.	11.	≤ 2		CHIEF MEDICAL				
	ACTUAL SIGNATURE	Um	W	445 HD		STANT MEDICAL		ñ	D	ATE SIGNED
	EXAMINER'S			M.D.		CIATE MEDICAL				
241	NAME (Type) W	Verner L	U. Spi	tz, M.D. D	puty (Chief Med	ical Ex	aminer	5,	/4/70
RE/	AOVAL (Specify)			24C. NAME of CEMETERY a	CREMATO	PRY 24D.	LOCATION		, or county)	(Stote)
25/	Burial DATE REC'D BY HEALTH D	5-9-70		Carver Memo			Laure	L. Mary	rland	
23/	MAV 1 1 1070	Q.1.	- Con	ME OF REGISTRAR		UNERAL DIRECT		A	DDRESS	
15	MH1 1 1 13/0	1 10 seals	5. 40	ADEL TELL	Cha	rles A.	Rice	661 W.	Barr	e St.
3	51-REV. 1/1/68	49.			4	me U				



			BACTIMORE CIT	HEALTH DEPARTMENT		וריי	LOOPL
BIRTH NO.	5-01/670.	4835	CERTIFICA	TE OF DEATH	REG. NO	/U 4	1835
Type or Print	EASED			2. DATE A	ND HOUR OF DEAT	Н	
	Timothy House	e		1	lay the 5th	1	1:30 AA
3. PLACE IN BALT	TIMORE MARYLAND, W	VHERE PRONOU	NCED DEAD	14. USUAL RESIDENCE IWhe	to deceased lived. II	institution: residence b	elore admission
FULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	TION, GIVE STREET	Md		100	/
NOITUTIEN				C. CITY OR TOWN	D. IN	ISIOE CITY LIMITS?	
27 Ma	rcy Hospital			Baltimore E. STREET AND NUMBER		YES N	o [_]
) Me	rey nospital						
SEX	6. RACE	17		1109 Green	ount Ave		
**	NACE .		NEVER MARRIED 🔀	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months: Ooys H	Under 24 Hrs
Male	Colored	WIDOWED		Jan. 15, 1965	5		
	JPATION (Give kind of worldworking life, even if refired)	IOB KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF W	HAT COUNTR
				Baltimore			4
FATHER'S NAM	ME			14. MOTHER'S MAIDEN NA		4.	. A .
Chanles	Vouse			Betty	***		
Wos Deceased	Ever in U. S. Armed For	ces?	6. SOCIAL	17. INFORMANT		ADDRES:	
	in Jes, give wor or dole	s of sorvices	SECURITY NO.		di ni	Paint	4. (
18.	0.00	***	None	CHARLES HO	45e 4677	A TENSI	OWN K
DISEAS	E OR CONDITION DI	RECTET OF	fo Smok	CHARLES HO PULMONAP LE INHALA	Y EDEMY	APPROXI.	MATE INTERVAL
	LEADING TO DEATH	. 9 . 11			, , , , ,	13	5 MRS.
heart lailure.	ot mean the mode of asthenia, etc. It means	the disease	OUE TO, OR AS	A CONSEQUENCE OF:	******************************	^	
injury or com	plication which coused	dedth.	F1	0. 0.1	-16		
A	INTECEDENT CAUSES	E 12	toeral.	+ Booy 2nd	+301 X	Egres our	
DISEASES O	R CONDITIONS, if	ony Tolle	DUE TO, OR AS	A CONSEQUENCE OF:			
rise to the	obove couse (A)	statified to					
UNDERLYING	CONDITION last.	3 11	(c)		***************************************		
	11	12/1					
OTHER SIGNIFIC	CANT CONDITIONS CO	NIKIBUTING					
I DISEASE OR CO	H BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	TI IA		************************			***************************************
19A DATE OF	OPERATION 198 CON	DITION FOR WI	HICH OPERATION	20A. AUTOPSY? (Yos or No	208, IF YES, WERE	FINDINGS CONSIDE	RED
0				100	- CEKIIFIING C	AUSES OF DEATH!	
OR CONTRIBUT	TING CAUSE OF	218. P	LACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If In Boltim	ore City, give exect lec	otion)
		elc	toning tourney among the	STORY INTO SET OCCUR	/		
DEATH Inglify	medical examined	le ion	Carred) /	1/169 0	Trupane.	Ly Mus) 1	0-01
21D.TIME	medical examined (Manth) (Day) (Year)		NJURY OCCURRED			xy du 1	0-01
DEATH Inatify	medicol exomined	(Haud 21& I	AI ON White	21F. HOW DID INJ	URY OCCUR?	in hote	kin)
DEATH inadily and a second sec	medical examined (Manth) (Day) (Year) 5/4// 70 8	(Haut) 21 E I While Work	Al Work	21F. HOW DID INJ	URY OCCUR?	in hote	kin)
DEATH Inadily I	medicol exomined	(Haut) 21 E I While Work	Al Work	21F. HOW DID INJ	URY OCCUR?		Kin)
210-TIME OF INJURY (APPROX.)	medical examined (Manth) (Day) (Year) 5/4// 70 8	(Haut) 21 & I While Work) attended the	Al Work	21F. HOW DID INJ	Cayle 19 10	in hete	19 JC
DEATH Inadify of DEATH Inadify of INJURY (APPROX.) 22. I certify that (I) (APPROX.)	medical examined (Manth) (Doy) (Year) (A)	(Hauth 21E I While Work) attended the d olive on	Al Not White Al Work deceosed from	21F. HOW DID INJ	Cayle 19 10	in hote	19 JC
DEATH Incides a state of injury (APPROX.) 22. I certify that (I) (100)	medical examined (Manth) (Doy) (Year) (this hospital lost saw the decease from the causes state	(Hauth 21E I While Work) attended the d olive on	Al Not White Al Work deceosed from	21F. HOW DID INJ	Cayle 19 10	injunting State of St	19_JC
DEATH Inadity of 21D.TIME OF INJURY (APPROX.) 22. I certify that (I) (300) I and hour and	medical examined (Manth) (Doy) (Year) (this hospital lost saw the decease from the causes state	(Hauth 21E I While Work) attended the d olive on	Al Not White Al Work deceosed from	21f. HOW DID INJ	Cayler to to in (my) (are) or	in hete	19_f(
DEATH Inadity 21D.TIME OF INJURY (APPROX.) 22. I certify that (I) (II) ond hour and 23A.SIGNATUR	medical examined (Manth) (Doy) (Year) (this hospital lost saw the decease from the couses state (RE	(Hauth 21E I While Work) attended the d olive on	Not White At Work deceosed from	21F. HOW DID INJ	Cayle 19 10	injusting 2 - 2	19_f(
DEATH Inadity of 21D.TIME OF INJURY (APPROX.) 22. I certify that (I) (300) I and hour and	medical examined (Manth) (Doy) (Year) (this hospital lost saw the decease from the couses state RE (TS)	(Hauth 21E I While Work) attended the dolive on and obove. (1)	Not White At Work deceosed from	21f. HOW DID INJ	Cayler to to in (my) (are) or	injusting 2 - 2	19_f(
DEATH Inglify: 21D.TIME OF INJURY (APPROX.) 22. I certify that (I) (II) ond hour and 23A. SIGNATUR	medical examined (Manth) (Doy) (Year) (this hospital lost saw the decease from the couses state RE (TS)	(Hauth 21E I While Work) attended the d olive on	Not White Al Work deceosed from	21F. HOW DID INJ	Cayler to to in (my) (are) or	injusting 2 - 2	19_JC
DEATH Indify 21D.TIME OF INJURY (APPROX.) 22. I certify thet (I) (1) ond hour ond 23A. SIGNATUR 23C. PHYSICIAN NAME (TY) DANTE 4A. BURIAL CREM	medical examined (Manth) (Doy) (Year) 5 /4 / 8 that (H) (this hospital lost saw the deceose from the couses stat RE P ABR MATION, 124B, DATE	(Haut) 21E I While Work) attended the dolive on	Not White AI Work deceosed from (Na) (did) (did not) vi DEGREE DEGREE AE of CEMETERY of CRE	21f. HOW DID INJ	Cayler to to in (my) (are) or	injusting 2 - 2	19 JC and on the date
DEATH Indify: 21D.TIME OF INJURY (APPROX.) 22. I certify the	medical examined (Manth) (Doy) (Year) (this hospital lost saw the decease from the couses stat RE PARION, 248, DATE pecily)	(Haut) 21E I While Work) attended the dolive on	Not White AI Work deceosed from (Na) (did) (did not) vi DEGREE DEGREE AE of CEMETERY of CRE	21F. HOW DID INJ 21F. HOW DID INJ 30 - 4 19	Stoff Decation (6	pinion deoth occurred by the Signed S	19_JC
DEATH Indify: 21D.TIME OF INJURY (APPROX.) 22. I certify that (I) (II) and hour and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty) DAUTE (IA. BURIAL CREMOVAL (SP.) BURIAL CREMOVAL (SP.) BURIAL CREMOVAL (SP.)	medical examined (Manth) (Doy) (Year) (this hospital lost saw the decease from the couses stat RE PARION, 248, DATE pecily)	(Haut) 21E I While Work) attended the dolive on	Not White Al Work deceosed from	21F. HOW DID INJ 19	Stoff CACATION (CACATION)	238. DATE SIGNED 238. DATE SIGNED 17AL City, town, or county! PRYLAND	19 JC ed on the date (Stoje)
DEATH Indify: 21D.TIME OF INJURY (APPROX.) 22. I certify the	medical examined (Manth) (Doy) (Year) (this hospital lost saw the decease from the couses stat RE PARION, 248, DATE pecily)	(Haut) 21E I While Work) attended the dolive on	Not White AI Work deceosed from (Na) (did) (did not) vi DEGREE DEGREE AE of CEMETERY of CRE	21F. HOW DID INJ 21F. HOW DID INJ 30 - 4 19	Stoff CACATION (CACATION)	pinion deoth occurred by the Signed S	19 JC ed on the dat



4.	-2001	170 4836 CEDTIFICATE OF DEATH REG. NO. 70 4836
1	54044	BIRTH NO. 23 343/ OF CENTIFICATE OF DEATH
X	and eat ase th th	2. DATE AND HOUR OF DEATH
90	of d of d Dece on ath.	CHARLES LEE HOUSE 6 HAY 1970 1 10.50 P.
1		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
14.	de de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MAGYLAND BALTIHORE 2788
11	100	INSTITUTION D. INSIDE CITY HAITS?
14.6	r gg t	LUNION MEMORIAL HOSPITAL BALTO. YES NO NO
1/4	eproprie	CUTHBERT AU. 5208
0,	F 3 0 0 0	S. SEX IA. RACE IZ
1	trik min gul	WIDOWED DIVORCED 9. AGE (In yours lit Under 1 Yr. II Under 24 His. Months Doys Hours Min.
1	0 0 1 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side or foreign country)
4	der in der	othe coming mas or working me, even it remed)
3	death ct or c Undet vas in ne dec	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME
9	directly (4)	CHARLES HOUSE
Z		15. Was Deceased Ever In II. S. Arned Fares? 114 Court
! X	the d the d kind; deat nce or	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. CHARLES HOUSE 4629 Reisterstown Rd.
N N		10
2	is a any any and and and a	CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7 ₹	of of the	LEADING TO DEATH
7 -	A Por Series	(This does not meen the mode of dying e.g. (A)MMEDIATE CAUSE Leont foilure, asthenia, etc. It means the disasse DUE TO, OR AS A CONSEQUENCE OF:
OR	iner. actur pror ular mbal	injury or camplicolian which caused death.
7 2	E E L O DO	ANTECEDENT CAUSES
1 S	Xan Xan Xb Wh Wh	DISEASES OR CONDITIONS, if any, coming the rise to the obave cause (A) stoling the
DIRE	- 0 C E E W	UNDERLYING CONDITION lost.
b	dical cal ns; (icia	
A	med burn burn hysi n w rem	O THER SIGNIFICANT CONDITIONS CONTRIBUTING
A K	ay bu	U 19A PASS COLUMN 1973
\$ Z	E B O S S +	17A-DATE OF OPERATION 18B. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yos of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
4 5	he c by (2) B re t phy fore	U 21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?
	tall tall he (UEAIR Inchiv medical exeminal letc.
	d by turtur (6) P	21D. TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED 21F. HOW DID INJURY OCCURRED
	ho ho	I APPROXI
	he he had	SH, WORK AN WORK AN
4	dp f ar t (e); (e)	de dividad de la companya del companya de la companya del companya de la companya
36	0 8 5 7	and that in (my) (our) opinion death accurred on the date ond hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.
93	eased ident nospit deat must	ZSA, SIGNATURE.
W	2 4	Attending Med. Stoff To
3	a tage	23C.PHYSICIARS NAME (Type) 23D. ADDRESS 23D. ADDRESS
0	y was rely was rely An acc	JOKGE SHOOFILL UNION HEMORIAL HOSE
		24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION IGIN. JOHN. OF COUNTY ISLAND
	D.C.	BUTIAL 5-9-70 CARVER MEM. PK. LAUREL, MARYLAND
	This certifies bod shows: (was D.C decease written	
	まれるまなま	MAY 11 1970 Police E. Nather M.D. 25C. FUNERAL DIRECTOR CHARLES A. RICE 661 W. BARRE ST.
		VS 150-REV, 1/1/68

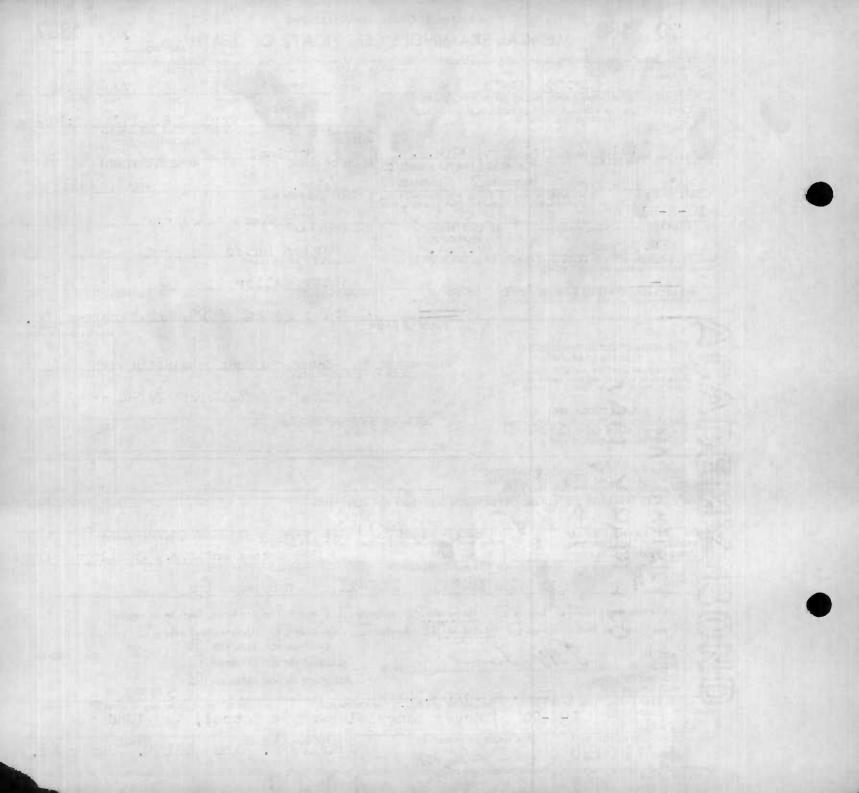


VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

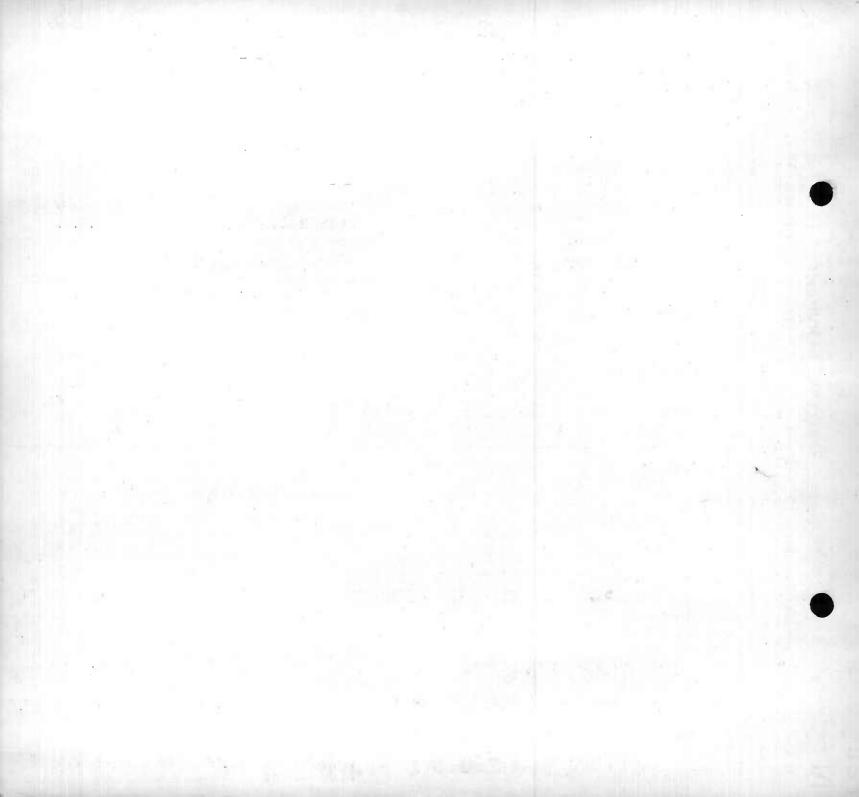
70 4837 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BII	RTH NC.		MILL	ICAL	. L//	AMII VER 3	SEKTITI	CAIL	Oi	DLATI	REG. NO.			
1.	NAME OF DEC	EASED					2. DATE	Known		Month	Day	Year	Hour	
(1γ	pe or Print)		JAMES	HOU	TZ		OF DEATH	Estimot	ed 🗆	5	4	70	9.10	а м.
4.	PLACE IN BALT					NCED DEAD	3. DATE		- 13	Month	Doy	Yeor	Hour	a M.
	LL NAME OF	(IF NO	TIN HOSPITA	AL OR INS	TITUTION	, GIVE STREET	PRONO	INCED DE	AD			1070	0 10	
HO	SPITAL	ADDRE	SS OR LOCA	TION)			5 HEHAL D	ESIDENICE	(Mhana	May	ad Minstitution	1970	9:10	a M.
							A, STATE	ESIDENCE	(where		ed, If institution B. COUNTY	er residence d	perore odmis	sion
_			Memori			al D.O.A.		Mary	land			100	91	
6.	SEX	7. RACE		B. MARR	IED 🗆	NEVER MARRIED	C. CITY OR	TOWN			D. INSIDE CI	TY LIMITS?		
	Male	Negr	0	WIDOW	VED 🗌	DIVORCED [Ва	lto.			YI	es 🗌	NO 🗌	
9.	DATE OF BIRTH	1	10. AGE (li	yeors		r 1 Yr, If Under 24 Hrs. Doys , Hours , Min.	E. STREET	MUN DUM	BER					
]	10-2-61		8	γ)	1410111113	Doys Hoors I min.		1100	Cra	nmoun	- A.			
11.	BIRTHPLACE(S	tote or foreig	in country)		12. CITI	ZEN OF	13. FATHER		GIE	Innoutti	AVE			
	Mari	yland				AT COUNTRY?	aho	m 7 a =	TTON					
140			e kind of work!	IAB. KIND		SINESS OR INDUSTR		rles						
don	e during most of w	orking life, ev	en if retired)		0, 50	5111255 OK 1110051K			14 1471					
							Bet		alle	r				
16. (Ye	WAS DECEASE s, no or unknown)	ED EVER IN (if yes, give v	U.S. ARMED	of service	7	7. SOCIAL SECURITY NO.	IB. INFOR	MANT			A	DDRESS		
							[Char]	es Ho	ouse	462	9 Reis	terst	cown 1	20.
	19.	20 St				CAUSE OF DEA	TH						PROXIMATE IN	
	DISTACE	OR COND	ITION DIDE	CTIV										
		LEADING TO		CILI			autre C		1					
	(This does no	of meon the	mode of dy	ing, e.g.,		(A)IMMEDIATE (AS A CONSEC	MOKE &	and s	SOOT IT	halatio	on which	1	
	heort loilure, injury or com	osthenio, etc	. It means the	diseose,		50210,011	A 40110E	DETT GE OT 8						
				,			est	ensive	e fac	cial ar	nd body	burns		
	AA	TECEDENT	CAUSES			(8)								
	RISE TO THE	R CONDITION	ONS, IF ANY	, GIVING		(B) DUE TO, OR	AS A CONSE	QUENCE O	F:					
-	UNDERLYIN	G CONDIT	ION LAST.	IIIO INC		(c)								
Ó						(0)								
CERTIFICATION	OTHER SIGN	IFICANT CON	II IDITIONS CO	ONTRIBUT	ING									
은	TO THE DEA	TH BUT NOT	RELATED TO	THE TERM	INAL									
ZT.						HICH OPERATION W	AS DEDECODA	ED				21 AUTO	PSY? (Yes	r No.
CEI	1			· Dilloit		THOM OF ERAMON TO	AS PERIORI					21. 2010	r311 (
	224												VoOV	
MEDICAL	22A. EXTERNUMBERLYING	MAL CAUSE			home. fo	ACE OF INJURY (e.g., orm, foctory, street, office	e bldg., etc.)	2C. WHERI NJURY OC	E DID (If in Boltimor	e City, give exc	ct location)	10	01
E	UTING CAL					Home		1109 (Green	nmount	Ave.,	2nd fl	oor be	droom
Σ	OF INJURY	Month) (D	ογ) (Υεοι			INJURY OCCURRED	E de la	2F. HOW I	INI DID	URY OCCU	IR?			
	(APPROX.)	5 4	70	8:30	a WHII	LEAT NOT	WHILE VORK	Co	onfl:	agrati	on			
	23.			0.00	H., 1101	AL V	OKK 400		OTT I	161411				
	I certi	fy that I h	eld on I	nguiry [nspection XX Au	top sy	and the	t on th	is basis,	deoth in my	noinion		
	racult	ed from: N	Intural cou	m	_	ident XX Suicio		micide [7		ed monner	_		
	162011	eu from: 14	010/01 600	262	ACC	Ident LAA SUICI				XAMINER		_		
	ACTUAL		11/1	6	1								DATE SIGN	VED
	SIGNATU	JRE	0 000	w	4	M.D	ASSI	STANT MED	DICAL E	XAMINER				
	EXAMINE						ASSC	CIATE MED	DICAL E	XAMINER				
	NAME (T		Russel	1 5		er M.D.					5/4/	70		
	A. BURIAL CREA MOVAL (Specif		48. DATE	57.0		NAME of CEMETERY			1	OCATION		, or county)	(Sto	le)
NE.	Burial	"	5-9-	170	Ca:	rver Memon	rial P	ark	L	aurel	, Mary	land		
25	A. DATE REC'D	BY HEALTH	DEPT.	25R M	AME O	F REGISTRAR	1250	LINED AL F	DIRECTO	nP.		DDRESS		
	MA	1119	70 0	Cest &	- Ja		tha	PIOS	H.	Rice		• Ba	rre S	t.



	ME OF DECI		ATTOR		2. DATE	ND HOUR OF DEATH	
3. PL	or Print)	GRIFFIN,	ALICE		5-	3470	0.30 P
FULL	NAME OF		AL OR INSTIT	UNCED DEAD	A. STATE	nere deceased lived. If in JNTY	stitution: residence before admissi
HOSP	TUTION	ADDRESS OR LOC.	ATION)		C. CITY OR TOWORE	D. INSI	DE CITY LIMITS?
GA	BOLT	ON HILL NURS	ING CEN	TYPE.			YES NO
70					827 North	Arlington A	venue
5. SEX	Fr.	6. RACE	7- MARRIED WIDOWED	DIVORCED [B. PATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
		PATION (Give kind of work vorking life, even if retired)	10B, KIND O	F BUSINESS OR INDUSTRY	COOKSVILLE, M		U.S.A.
13. FA	THER'S NAM	A E			14. MOTHER'S MAIDEN N	AME	
	ASBU	RY WILLIA	MS		CATHERINE	WILLIAMS	
		Ever in U. S. Armed Fo. (If yes, give wor or dote		16. SOCIAL SECURITY NO.	17. INFORMANT ADMISSION R	ECORD MARC	ADDRESS Hall
ATION	THER SIGNIF O THE DEATI	CONDITION last. II CANT CONDITIONS CO H BUT NOT RELATED TO T DANDITION GIVEN IN PAR OPERATION 1198. CON	HE TERMINAL	(C)	20 A. AUTOPSY? (Yes or	Noll 208 IF YES WEST	ENDINGS CONCIDENT
ERTIFIC)	WAS PER		WHICH OPERATION	ZUA. AUTOPSTY (Tes or	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
J 0	A. ACCIDEN R CONTRIBU EATH (notify	T WAS UNDERLYING TING CAUSE OF medical examiner	21 E hom etc.	ne, form, foctory, street, of	n or obout 21C. WHERE DID	(If in Baltimor	e City, give exact location)
	D. TIME F INJURY	(Month) (Doy) (Year)	(Hour) 21 E	. INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
2	APPROX.)		WH	nile At Work At Work			1
× 0					0/1	7.	
()		that (1) (this bassita) attended t	he decoased from	2 / 6		5/2 1072
22	2. I certify			he deceased from	19 7 2 and	19 /e to	5/ 3 19/2
22 th	2. I certify nat (I) (we)	last saw the decease	ed alive an	5/3	,	that in (my) (our) api	nian death accurred an the o
22 th	2. I certify nat (I) (we) nd haur and	last saw the decease	ed alive an	5/3	19 70 and	that in (my) (our) api	
22 th	2. I certify nat (I) (we)	last saw the decease	ed alive an	5/3 1) (We) (did) (did nat) v	riew the bady after death	that in (my) (our) api	nian death accurred an the d
22 th	2. I certify nat (I) (we) nd haur and A. SIGNATU	last saw the decease fram the causes sta	ed alive an	S/3 I) (We) (did) (did nat) v DEGREE Phys	anding Med.	that in (my) (our) api	
22 th	2. I certify nat (I) (we) nd haur and	fram the causes sta	ed alive an	S/3 I) (We) (did) (did nat) v DEGREE Phys	riew the bady after death	that in (my) (our) api	nian death accurred an the description of the descr
23 th 23 23	2. I certify nat (I) (we) nd haur and A. SIGNATU 3C. PHYSICIA NAME (T)	fram the causes sta RE N'S AAW HAMION, 248, DATE	ed alive an ted abave. (MAE 24C.N	S/3 I) (We) (did) (did nat) v DEGREE Phys	iew the bady after death anding Med. Director 23D. ADDRESS Pace MATORY 24D.	Staff Phys. C	

BALTIMORE CITY HEALTH DEPARTMENT

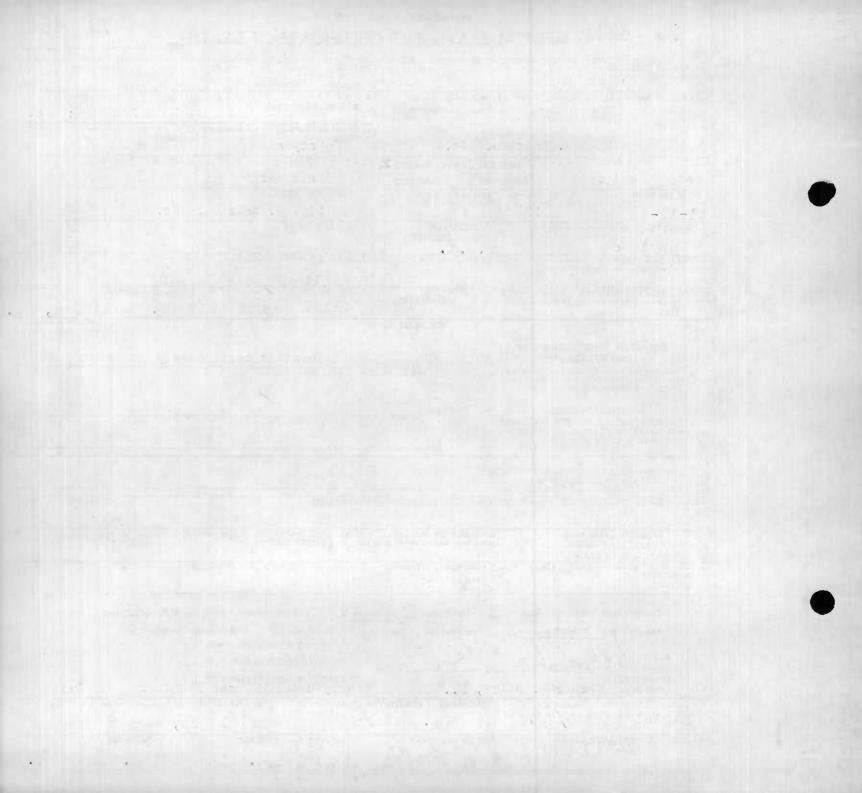


Cardie Magnish Feeling Capering and for many in f 7198HORNSON" 4130 412 DO Circlas Mazzergia WILLIAMO BODGE FORD (CHETE HEIN FORTHERS)

70 4840 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 484U
BIRTH NO.	REG. NO.
(Type or Print) ETHEL E. CUNNINGHAM	2. DATE Known Month Day Year Hnur OF DEATH Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD April 30, 1970 6:50 A. 5. USUAL RESIDENCE (Where deceased lived. # Institution: residence before admission)
00 1127 Whatcoat Street	A. STATE Maryland B. COUNTY 1602
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	
Female Negro WIDOWED DIVORCED	Baltimore VES NO 🗆
9. DATE OF SIRTH 1-27-38 10. AGE (In years # Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min. Manths Days Haurs Min. Manths Days Haurs Min. Manths Days Manths Manths Days Manths Manths	LE. STREET AND NUMBER 1127 Whatcoat Street
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME
Maryland WHAT COUNTRY?	Caark Cunningham
14A.USUAL OCCUPATION (Give kind al work) 14B. KIND OF BUSINESS OR INDUSTR	
dane during most of working life, even if retired)	Mildred Hearn
LA. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO.	Jannie Cunningham 510 Otterbein St.
III. CAUSE OF DE	ATH APPROXIMATE INTERVAL
CAUSE OF DE	Intestinal obstruction by
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	fibrous peritoneal adhesions
(This does not meen the mode of dying, e.g., (A)IMMEDIATE DUE 10, OR	AS A CONSEQUENCE OF:
heart loilure, asthento, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUCEC	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (8) DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
0 2	21. A010P317 (19101 110)
22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.g.	In or about 22C, WHERE DID, It is Rollimon City this area legisland
UNDERLYING OR CONTRIB-	In or about 22C. WHERE DID (If In Baltimore City, give exact location) to bidg., etc.)
22D. TIME (Manth) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX) WHILE AT NO	WHILE O
	topsy X and that on this basis, death in my opinion
resulted fram: Notural causes Accident Suici	
ACTUAL (& . () .	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE CONTROL M.I.	ASSISTANT MEDICAL EXAMINER
NAME (Type) Charles S. Springate, M.D.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 5-6-70 Mb. Aubu	rn Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAY 1 1 1970, Black F. Jaben M.D.	Charles A. Rice 661 W. Barre St.
VS 151-REV. 1/1/68	100 Table 11200 OOL W. Dalle St.

B-346 70 4841 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BI	RTH NO.			AILOI	00/11	REG. NO)		
	NAME OF DECEASED		2. DATE	Known 🔯	Month	Doy	Yeor	Hnur	
(Ту	(pe or Print) Robert Butler		OF DEATH	Estimoted					M.
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		3. DATE		Month	Doy	Yeor	Hour	
	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET		PRONOU	NCED DEAD	5	2	70	16:00	a. M.
OF	OSPITAL ADDRESS OR LOCATION)		5. USUAL RE	SIDENCE (Where	deceased liv	ed. If Institution	on: residence		
1	2145 W. Baltimore St.		A. STATE M	aryland		B. COUNTY	2	00	4
6.	SEX 7. RACE B. MARRIED NEVER MARRI	ED 🖾	C. CITY OR T	OWN		D. INSIDE	CITY LIMITS	?	
	male colored widowed Divorc	ED 🔲	B	altimore			YES 🗌	NO 🗆	
9.	DATE OF BIRTH 10.AGE (In years Munder Yr. If Under In years Months Doys Hours Months Doys Hours	24 Hrs.	E. STREET A	ND NUMBER					
7	10-11-46 lost birthday) Months, Doys, Hours	1	2	145 W. Ba	altimor	e St.			
	BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF		13. FATHER'S	NAME					
	Maryland What country?	?	Dobe	and Donald					
14/	MATY LAND A.USUAL OCCUPATION (Give kind al work) 14B. KIND OF BUSINESS OR INI	DUSTRY	115. MOTHER	ert Butl	ME .				
dor	ne during most of working life, even if reilred)								
_	WAS DECEASED SIZED IN HE ARMED FORCES. HT COCIAL		IS. INFORM	ie Rhod	0.3		ADDRESS		
(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no or unknown) (If yes, give wor or dates of service) 17. SOCIAL SECURITY N	10.			~ 01				
	no			e Hughe	3 21	45 W.			
	19. 4 25 XI CAUSE O	OF DEAT	гн					APPROXIMATE II	
	DISEASE OR CONDITION DIRECTLY								
	LEADING TO DEATH (A)IMME	DIATE C	AUSE Idi	opathic o	cardion	negaly			
			S A CONSEQU	ENCE OF:					
	injury or complication which caused death.)								
	ANTECEDENT CAUSES (B) DISEASES OF CONDITIONS IS ANY CIVING	TO OP	AS A CONSEQ	HENCE OF					
	RISE TO THE ABOVE CAUSE (A) STATING THE	10, OK,	AS A CONSEQ	DENCE OF.					
z	UNDERLYING CONDITION LAST. (C)								
은	II								
K	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
Ĭ	DISEASE OR CONDITION GIVEN IN PART 1 (A).								
CERTIFICATION	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATI	ION WA	S PERFORME	D			21. AUT	OPSY? (Yes	or No)
١.,							yes		
MEDICAL	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJUR	RY (e.g.,	In or obout 22	C. WHERE DID	(II In Boltimo	re City, give e	xact location)	
岩	UNDERLYING OR CONTRIB-	eet, office	e bidg., etc.) IN	JURY OCCUR?					
M	UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCU	URRED	22	F. HOWDID IN	JURY OCC	JR?			
	OF INJURY WHILE AT	NOT	WHILE						
	23.	AT W	ORK						
	I certify that I held an Inquiry I Inspection	7 A.	topsy 🖸	and that on the	hle haele	death In m	v onlalon		
		-							
	resulted fram: Natural causes K Accident	Sulcid				ned manner			
١.	ACTUAL / NO 10 / 2 / 0 .			HIEF MEDICAL E				DATE SIG	NED
	SIGNATURE	M.D.	ASSIS	TANT MEDICAL	EXAMINER				
	EXAMINER'S NAME (Type) Werner U. Spitz, MD		Deputy	Chief Medical B	XAMINER Dical	□ Examine	r	5/2/70	
	4A. BURIAL CREMATION, 248. DATE 24C. NAME of CEN	METERY	or CREMATO	RY 24D.	LOCATION	(City, to	wn, or count	y) (Sto	ote)
	EMOYAL (Specify) 5/7/70 Mt. A	Aubu	rn	Ва	ltimo	re, Mg	arylan	nd	
25	SA. DATE REC'D BY HEALTH DEPOTO 1258 NAME OF REGISTRAR		25C. F	UNERAL DIRECT	OR		ADDRESS		100
	MAY I'I 19/U Javey E, Jackey 1	40,	Che	rles A.	Rice	661	W. B	arre S	Str
	5 151-REV. 1/1/68	- 1	11000	-404	11100	201	11 0		
A 2	131.KEY. 011/05			44					1



IMPORTANT

DIRECTOR:

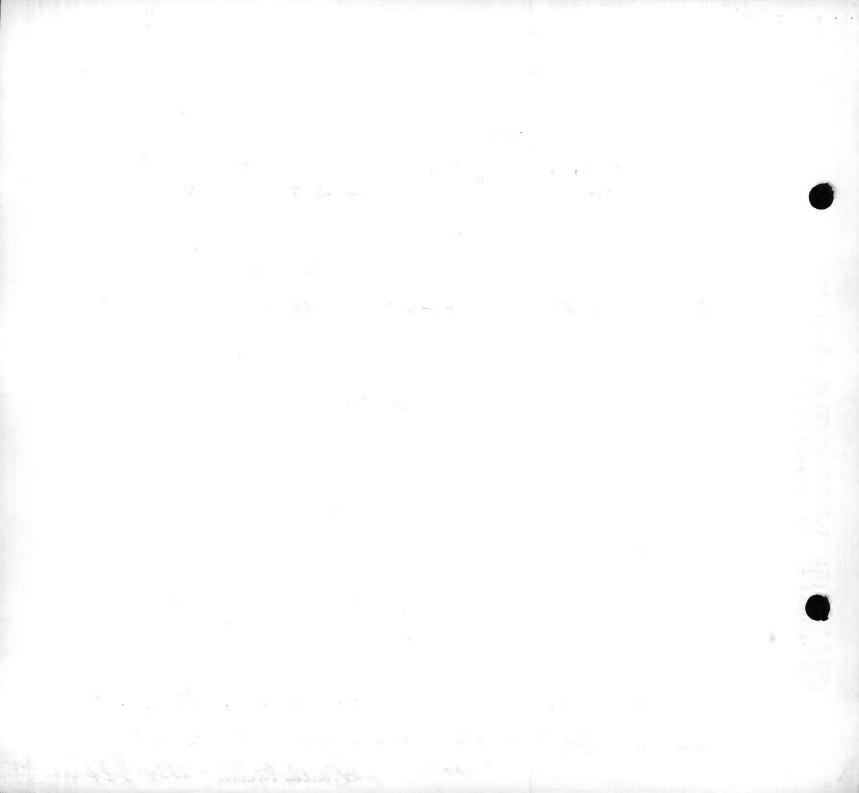
VS 150-REV. 1/1/68

dung Commonson

els 2/1/2 2/5

THE ELAM KAROOK SINAI HOSPITAL OF BALLING

VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

	70	4844		TY HEALTH DEPARTM		70 4844
BIRTH NO.	SED		CERTIFIC			
/T D: 4	LLIAMS	TOP	IN HEN	1	SATE AND HOUR OF DEATH	1015 0
	ORE MARYLAND, W		7/ -11	A. USUAL RESIDEN	CE (Where deceased lived If i	nstitution: residence before admission
				MARYLAND	BALTIMORE	F 0 1 1
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET			5300
BA	LTIMORE CIT	Y HOAPI	TALS	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
	40 EASTERN A			E. STREET AND NU	MBER	YES NO XX
	LTIMORE, MAR		#21224	506 Main		
5. SEX 6.	RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hr.
MALE	NEGRO	WIDOWED		6-27-34	lost birthdoyl 35	Months Doys Hours Min.
IOA. USUAL OCCUPA	TION (Give kind of work			RY 11. BIRTHPLACE (Stat	e of foreign country)	12. CITIZEN OF WHAT COUNTE
done during most of work	sing life, even if retired)			NORTH CARO		U.S.A.
Laborer 13. FATHER'S NAME		Be thi	eham Steel			
	rv MacDuff	\J:11	: amc	14. MOTHER'S MAIL		eine Pers
Hen		_	I alli2		Cathe	rine Evans
S. Was Deceased Eve Yes, no or unknown) (If	er in U. S. Armed Fore yes, give war or date:	es? of servicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT	7077 4040 7	ADDRESS
	/22/54 6/2		244-42-4319	Records:	BCH 4040 Easte	rn avenue #21224
18.	5 /1 /		CAUSE OF DEA	\TH		APPROXIMATE INTERVAL
DISEASE	OR CONDITION DIR	ECTLY	Aru	TO PANC	REASTC	BETWEEN ONSET AND DEA
	ADING TO DEATH		(A) IMMEDIATE C		NECROSIS	48H
(This does not	mean the mode of henia, etc. It means	dying, e.g.,	DUE TO OR A	S A CONSEQUENCE OF:		
	alion which caused		CHRO	NIC AL	COHOLISM	
ANT	ECEDENT CAUSES					
DISEASES OR	CONDITIONS, if	ny, giving	DUE TO, OR	AS A CONSEQUENCE OF	•	***************************************
vise to the C	bove couse (A)	sloling lhe				1
ONDERLING C	ONDITION last.		(c)		*************************	
OTHER SIGNIFICA	II NT CONDITIONS COI	TDIDLITING				
TO THE DEATH B	UT NOT RELATED TO TH	E TERMINAL	***************************************			
	ERATION 198 CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Ye	es or No. 208. IF YES. WERE	FINDINGS CONSIDERED /
5-6-	70 WAS PERF		7775	VES	IN CERTIFYING CA	USES OF DEATH?
1 21A ACCIDENT			PLACE OF INJURY (e.g.	in or about 21 C. WHERE	DID (II In Baltima	7
OR CONTRIBUTION	WAS UNDERLYING	12.10				re City, give exact (o ation)
	GI I CAUSE OF	hom etc.)	e, form, foctory, sheet,	office bldg., INJURY OC	CUR?	re City, give exact foliation)
DEATH (notify me	dicol exomined	hom etc.)				re City, give exact (odation)
DEATH (notify me	GI I CAUSE OF	(Hour) 21 E.	INJURY OCCURRED	21F. HOW 1	CUR?	re City, give exact location)
OR CONTRIBUTION DEATH (notify me 21D-TIME (M OF INJURY (APPROX.)	G CAUSE OF dicol exominer)	(Hour) 21E. Whi	INJURY OCCURRED Ile At Not Wilk At Wol	21F. HOW I	DID INJURY OCCUR?	re City, give exact foration)
DEATH (notify me	G CAUSE OF dicol exominer onth) (Day) (Year) † (i) (this hospital)	(Hour) 21 E. Whi	INJURY OCCURRED Ile At Not Wind At World At Wo	21F. HOW 1	19 70 ta	5-7 19 70
DEATH (notify me TID.TIME (M OF INJURY (APPROX.I	G CAUSE OF dicol exominer onth) (Day) (Year) † (i) (this hospital)	(Hour) 21 E. Whi	INJURY OCCURRED Ile At Not Wind At World At Wo	21F. HOW 1	19 70 ta	5-7 19 70
DEATH (notify me of INJURY (APPROX.) 22. I certify that that (I) (we) las	G CAUSE OF dicol exominer) onth) (Doy) (Year) † (1) (this hospital) it saw the decease	(Hour) 21E, Whit World attended the dalive an	INJURY OCCURRED Ile At At Wol At Wol The deceased fram	21F. HOW 1	19 70 ta	5-7 19 70
DEATH (notify me of INJURY (APPROX.) 22. I certify that that (I) (we) las	G CAUSE OF dicol exominer) onth) (Doy) (Year) † (1) (this hospital) it saw the decease	(Hour) 21E, Whit World attended the dalive an	INJURY OCCURRED Ile At At Wol At Wol The deceased fram	21F. HOW 1	19 70 ta	5-7 19 70
DEATH (notify me APPROX.I 22. I certify that that (I) (we) las and haur and fre	G CAUSE OF dicol exominer) onth) (Doy) (Year) † (1) (this hospital) it saw the decease	(Hour) 21E, Whi World alive aned abave. (I	INJURY OCCURRED Ile At Not Wink At Work The deceased from the d	21F. HOW 1 bile 2 19 70 view the bady after	19 70 ta and that In(my) (aur) apl	5 - 7 19 70 Inlan death accurred an the da
DEATH (notify me DEATH	G CAUSE OF dicol exominer) onth) (Doy) (Year) † (1) (this hospital) it saw the decease	(Hour) 21E, Whi World alive aned abave. (I	INJURY OCCURRED Ile At Not Wink At Work The deceased from the d	21F. HOW 1 21F. HOW 1 5-5 19 70 view the bady after thending Med. Director		5 - 7 19 70 Inlan death accurred an the da
DEATH (notify me DEATH	CAUSE OF dicol exominer onth) (Doy) (Year) t (i) (this hospital) t saw the decease am the causes state	(Hour 21E, Whi World alive an	INJURY OCCURRED Ile At Not Wink At Work The deceased from the d	view the bady after Med. Med. Directo 21F. HOW I	19	5-7 19 70 Inlan death accurred an the da 23B. DATE SIGNED 5-7-1970
OR CONTRIBUTING DEATH (nofity me OF INJURY (APPROX.) 22. I certify that (i) (we) last and haur and from the contribution of t	CAUSE OF dicol exominer onth) (Doy) (Year) t (i) (this hospital) the saw the deceased arm the causes state.	(Hour 21E, Whi World alive an	INJURY OCCURRED Ile AI Not Wick AI Work The deceased from the d	view the bady after Med. Director 23D. ADDRESS BCH 4940	19 70 ta	5 - 7 19 70 Inlan death accurred an the da 23B. DATE SIGNED 5 - 7 - 1 9 70 E #21224
OR CONTRIBUTING DEATH (notify me U) DEATH (not	CAUSE OF dicol examiner onth) (Day) (Year) t (i) (this hospital) t saw the decease am the causes state AM CAUSE INDO, 248, DATE ily)	(Hour) 21E, Whi World attended the dalive an	INJURY OCCURRED Ile At Not Wick At Wolfe deceased from S-7) (We) (did) (did not) DEGREE DEGREE MARE of CEMETERY of C	21F. HOW I	19 70 ta	23B. DATE SIGNED 5-7-1970 E #21224 ity, town, or county) (Stote)
OR CONTRIBUTION DEATH (notify me DEATH (notify me OF INJURY (APPROX.) 22. I certify that that (!) (we) las and haur and fre 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	t (i) (this hospital) it saw the deceased am the causes stated to the cause stated to the causes stated to the cause st	(Hour) 21E. Whi World attended the dalive aned abave. (!	INJURY OCCURRED Ile AI Not Wick AI Work The deceased from the d	21F. HOW I	19 70 to	5 - 7 19 70 Inlan death accurred an the da 23B. DATE SIGNED 5 - 7 - 1 9 70 E #21224



BALTIMORE	CITY	UEALTH	DEDA	DTAKENIT

70 4845 MEDICAL EXAMINER'S C	FIO 404F
NAME OF DECEASED A	2. DATE Known Z. Month Doy Year Hour
MICHAEL SANDERS	DEATH Estimoted May 7, 1970 3:35 A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD May 7, 1970 3:35 A.M.
OR INSTITUTION ADDRESS OR LOCATION)	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
South Baltimore General Hospital	A. STATE Maryland B. COUNTY 2543
5. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES NO
P. DATE OF BIRTH 10. AGE (In years # Under 1 Yr. If Under 24 Hrs. House 1	
May 27,1969	2422 Miles Court (Maisel Court)
1. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimore, Maryland WHAT COUNTRY?	Collie Sanders
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY lone during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
Infant	Paulette Shorts
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or doles of service) SECURITY NO.	IB. INFORMANT ADDRESS
No0-	M's Paulette Shorts 2422 Maisel Court
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE C	AUSE Asphyxia
(This does not mean the made of dying, e.g., heart foliure, asthenia, etc. it means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:
injury or complication which coused deoth.)	
ANTECEDENT CAUSES (B) Impacti	on of hot dog in pharynx AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
CO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL L DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	AS PERFORMED [21. AUTOPSY? (Yes or No)
	Yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (II in Baltimore City, give exact location)
UTING CAUSE OF DEATH. home, farm, loctory, street, office home	e bldg., etc.) INJURY OCCUR? 2422 Miles Court
2122D TIME (Manth) (Day) (Year) (Herry) 122E INTITON OCCUPPED	225 HOWDID INTURY OCCUP?
OF INJURY (APPROX.) 5-6-70 about 7:30 Pm. WHILE AT NOT AT W	WHITE Choked on piece of hot dog
23.	CAN LAT CHOKED ON DIECE OF HOL DOS
I certify that I held on Inquiry Inspection Au	topsy 🗓 and that on this basis, death in my opinion
resulted from: Notural causes Accident X Suicid	Homicide Undetermined monner
CO P P	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE CLUB . THE M.D.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER May 7, 1970
24A, BURIAL CREMATION, 124B, DATE 124C, NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify) Burial 5-11-70 Balto. Nat'l	Cemetery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAY 1 1 19/0 Valet S. Jaben M.D.	
	MORTON & DYETT F.H. 1701 Laurens Street

BALTIMORE	CITY LICALTIL	DEDARTAGE
BALLIMORE	CITY HEALTH	DEPARTMENT

70 4846 MEDICAL EXAMIN	FR'S CF	RTIFIC	CATE	OF	DEA	TH		70	48	346
BIRTH NO.	LIK O CL	12 11 11	CAIL	Oi	רא	RE	G. NO			
1. NAME OF DECEASED (Type or Print)	2.	DATE	Known	0	Month	[Day	Year	Hour	
ROLAND G. BURRELL , Sr.		OF DEATH	Estimote	d 🗆	5	8		70	8:15	p,
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	AD 3.	DATE			Month		Doy	Yeor	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRI HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION			INCED DE		May		,	970	8:15	
Lutheran Hospital	Ä		Maryla		uece o seo	B. CC	UNTY	residence	208	y ssion)
6. SEX 7. RACE 8. MARRIED NEVER MA	ARRIED C.	CITY OR	TOWN			D. In	ISIDE CIT	Y LIMITS?		
N-1- N	ORCED 🔲	Ba1	to.				VE	s 🛛	NO	
DATE OF BIRTH IO. AGE (In years # Under 1 Yr. If	der 24 Hrs. E. urs Min.	STREET A	829 M		0111	C+		رين د	110 🚨	
11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF	12	FATHER		it. n	OLLY	or.				
Hampton, Virginia WHATCOUN	TRY?		uel Bu							
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OF lone during most of working life, even if retired)	INDUSTRY 15.	. MOTHER	R'S MAIDE	N NAM	E					
Inspector Western Electr	·ic	Flo	ra Mid	dgett	e					
4. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL Yes, no of unknown) (If yes, give wor or doles of service) SECURIT	18.	INFORM					AD	DRESS		
4. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give wor or doles of service) No. 17. SOCIAL SECURIT 2 1 2 - 1 0-	-3755	Mrs.	Maude	Burr	e11	82	9 Mt.	Hol1	y Stre	et
	E OF DEATH					-	,		PROXIMATE I	
LEADING TO DEATH	erioscle:	SE		ovas	cula:	r dis	sease	BETY	VEEN ONSET	IND DEA
heart Ioilure, asthenia, etc. It means the disease, Injury or complication which coused death.)	UE TO, OR AS A	CONSEQ	UENCE OF:							
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	UE TO, OR AS A	A CONSEC	QUENCE OF	1						
(c)										
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPER										
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPER	ATION WAS P	PERFORM	ED					21. AUTC	PSY? (Yes	or No)
22A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIBUTION OF CAUSE OF DEATH.	JURY(e.g., in o street, office bld	r obout 22 lg., etc.) IN	UURY OCC	DID (II	in Baltim	ore City,	give exac	t location)	O	
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OF INJURY (APPROX.) WHILE AT MORK	NOT WHI	LE	F. HOWD	ILNI DI	JRY OCC	UR?				
23.	X Autopa					1 4				
			and that					pinion		
resulted from: Natural causes X Accident	Suicide		micide 🗌		ndeterm		anner	1		
ACTUAL (Ah 1. 1. 1.			HIEF MEDI						DATE SIGI	NED
SIGNATURE ////////////////////////////////////	M.D.	ASSIS	TANT MED	ICAL EX	AMINER	KX				
EXAMINER'S Training Mile 7 alies M	D	ASSO	CIATE MEDI	ICAL EX	AMINER			10.1-		
NAME (Type) Isidore Mihalakis, M		TO FEMALES	nV	laus 1	20491-			/9/70		
REMOVAL (Specify)			RY		CATIO	•	ity, town,	or county)	(Sta	le)
Burial 5-13-70 St. Luk			IINIED AL DI		parks	,	45	Maryl	and	
MAY 1 1 1970 Pole & E. Jaile		3	RTON &			.н.	1701	Laur	ens St	ree
'S 151-REV. 1/1/68	-		7 0	6-nd						

a hospital and

of death

	LO	UIS S	STEMEK	May 9, 1970	5:45 P.
FULL NAME HOSPITAL OI		or institution, g	give slieel	A. USUAL RESIDENCE (Where deceased lived, If it A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write Raltimore)	nstitution; lesidence befole odmissi
00	618 S. Port	Street		D. STREET ADDRESS (If rurol, give location) 618 S. Port Street	
Male	6. RACE White		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH Dec. 7, 1912 9. AGE (In years lost birthdoy) 57	If Under 1 Yr. If Under 24 h Months Doys Hours Min
	of working life, even if retired)		Parks	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHERS N	Stanislaus	Siemek	E SE	14. MOTHER'S MAIDEN NAME Anna Kuc	
5. Was Deceas Yes, no or unknow No	ed Ever in U. S, Armed Fore wn) (If yes, give wor or date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT Mrs Mildred Siemek 4230	ADDRESS Cleareway
(This does	ASE OR CONDITION DIR LEADING TO DEATH not mean the mode of e, osthenia, etc. It meons omplication which coused ANTECEDENT CAUSES	dying, e.g., the disease,	(A)	Hepatic Cirrhosis	interval between onset and death 7 years
UNDERLYII	OR CONDITIONS, if of the obove couse (A) NG CONDITION lost. II NIFICANT CONDITIONS C DEATH BUT NOT RELA	stating the	3	,	
	OF OPERATION 198. CON	T. DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
DISEASE O	WAS PERF				
19 A. DATE OF CONTRI	WAS PERF	21 B. hom etc.)	e, lorm, foctory, street, of	n or about 21 C. WHERE DID (II in Baltimo fice bldg., INJURY OCCUR?	re City, give exact location)
21A. ACCID	DENT WAS UNDERLYING DEUTING CAUSE OF	(Hour) 21 E.	INJURY OCCURRED In At Not While	e	re City, give exact location)
21A. ACCID OR CONTRI DEATH (not 21D. TIME OF INJURY (APPROX.) 22, I certif	ENT WAS UNDERLYING BUTING CAUSE OF ify medical examiner (Month) (Doy) (Year) Fy that (I) (this hospital e) lost sow the decease and from the causes start TURE	(Hour) 21 E. Whitword of the dolive on A ed above. (I	INJURY OCCURRED Le At At Work Not While At Work Not While At Work Not While At Work Not While At Work At Work	21F. HOW DID INJURY OCCUR? C. 18 19 68 to May 19 70 and that in(my) (aur) options the body ofter death.	9 19 70

VS 150-REV. 1/1/65

1901-07 Eastern Ave.

feetigen survival and quantum quantum and ped remain company of the second company and the

Little A couldn't suppose the contract of the

soft of the court for the second of the part of the pa

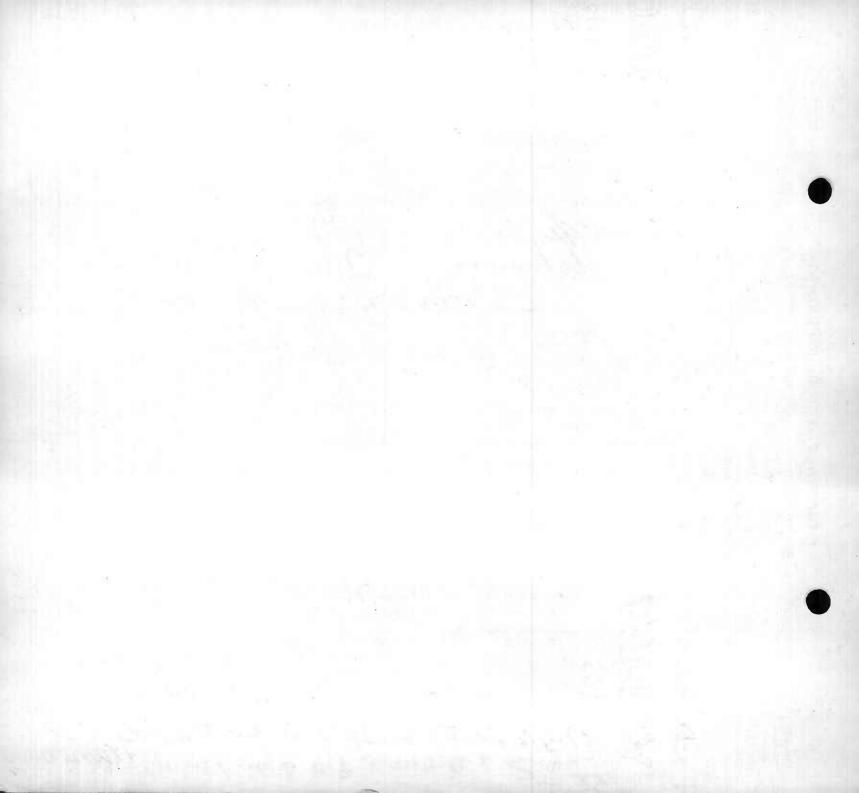
C V Marie " Sale of the property of the second ew carrier force in this a siling or the b

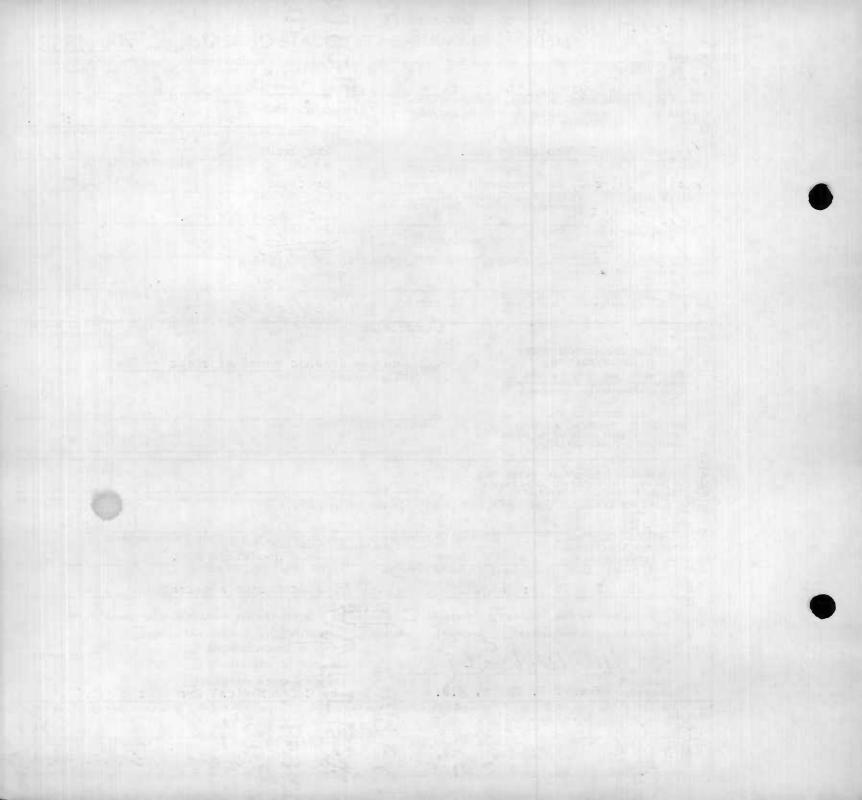
IMPORTANT

DIRECTOR:

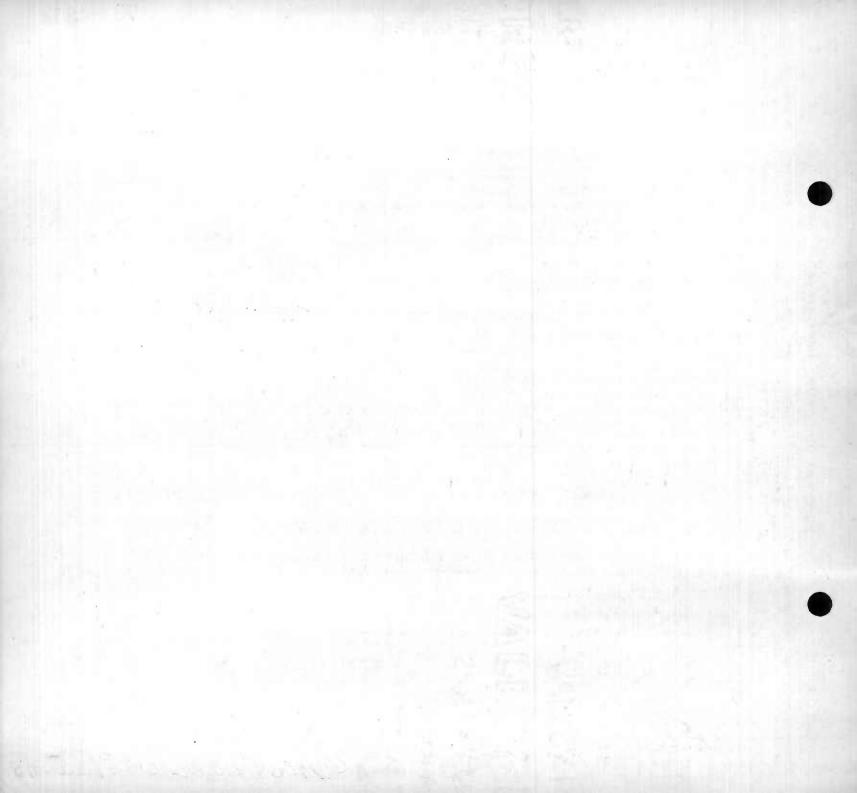
FUNERAL

	10/0		IY HEALIH DEPAKIMENT		70 4851
BIRTH NO.	70 48	51 CERTIFICA	ATE OF DEATH	REG. NO	70 4001
NAME OF DECEASED	1		2, DATE AN	D HOUR OF DEATH	
Type or Print	in Many	1011	6-1	1-70	1 2 P.
3. PLACE IN BALTIMORE	THE JIMIN	ONOUNCED DEAD			stitution: residence before admission
. PLACE IN BACINVORS	MARICAND, WHERE PR	ONO ONCED DEAD	A. STATE B. COUN	TY	1 = 0 6
ULL NAME OF (IF	NOT IN HOSPITAL OR II	NSTITUTION, GIVE STREET	Maryland		1509
OSPITAL OR AE	DRESS OR LOCATION		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
1/	/	111	Baltimore		YES NO
161 Has	no Hech	170	E. STREET AND NUMBER	1 11	
Luiner	an Hosp	,,,,	d/105 7	well des	
			1000000	MAILLANGE.	,
SEX 6. RAC	/· MAR	RIED NEVER MARRIED		9. AGE (In years lost birthday	Months Doys Hours Min.
emple Me	are WIDO	WED DIVORCED	15-2-37	33	
		ID OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fore	gn country!	12. CITIZEN OF WHAT COUNTR
one during most of working t	te, even if retired)		MA		11-5.4.
House	Well				0.3.4.
B. FATHER'S NAME	11/2		14. MOTHER'S MAIDEN NA	ME A	,
	1/MX12	11111	many	10111 (101	under
S. Was Deceased Ever in	U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	my join	ADDRESS
es, no or unknown! (If yes,	give war or dotes of sen	vice) SECURITY NO.	B. Carlo	isals.	
		059-20-95	1 INUS BAND M	Dames	SAM E.
18, 7 2 4	11	CAUSE OF DEA	ATH .	100	APPROXIMATE INTERVAL
1071	DUDITION DIRECTLY			Λ	BETWEEN ONSET AND DEAT
	CONDITION DIRECTLY		05 - 1	V	
	IG TO DEATH	(A) IMMEDIATE C		upus	
	n the mode of dying, o, etc. It meons the dis	2000	S A CONSEQUENCE OF:	1 17.	1 -
	n which coused deoth.)	bry h	imalosis with	renar fac	line
	DENT CAUSES	0		V	
ANTEC	DENT CAUSES	(8)			
	NDITIONS, if ony, g	iving DUE TO, OR	AS A CONSEQUENCE OF:		
UNDERLYING CON	e couse (A) stoting				
ONDERENING CON		(C)			
Z	11				
OTHER SIGNIFICANT	ONDITIONS CONTRIBUT				
	ON GIVEN IN PART 1 (A).	INAL			
19A. DATE OF OPERA	TION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	ON 208. IF YES, WERE I	FINDINGS CONSIDERED
EK	WAS PERFORMED			IN CERTIFIED CA	OSES OF BEATH
U 21A. ACCIDENT WAS	UNDERLYING	21 B. PLACE OF INJURY (e.g	., in or obout 21 C. WHERE DID	(If in Boltimor	e City, give exoct location)
OR CONTRIBUTING	CAUSE OF	home, torm, foctory, street,	office bldg., INJURY OCCUR?		
DEATH (natity medica	examined	etc.)			
) (Doy) (Year) (Hourl	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S OF INJORI		While At Not W			
(APPROX.)		Work LA At Wo	rk 🗀		
22. I certify that (I	(this hospital) atten	ded the deceased from	3/15/	1970 to 51	6 1 1970.
		~ 1 1	1	1	
that (I) (we) lost s	ow the deceased alive	on	f Ond th	of in (my) (our) opi	nion death occurred on the do
ond hour ond from/	he couses stated abo	ve. (1) (We) (did) (did not	view the body ofter deoth.		
23A. SIGNATURE	-				23 B. DATE SIGNED
v.t.		A	thending Med.	Staff	-1/2
< M	Un		hys. Director	Staff Phys.	6/6/10.
23C. PHYSICIAN'S			23D. ADDRESS		/
NAME (Type)	n ku Li	M N	Sutting) do sulal	•
1	11 KAI TMI	DEGR		, , , , , , , , , , , , , , , , , , , ,	
4A. BURIAL CREMATION	4, 248. DATE 2	4C. NAME of CEMETERY OF	CREMATORY 24D. L	OCATION (CI	ty, town, or county) (State)
Die	Flila.	Dante in	2 / Ction VI	Salveins	UM De
sureal	0/11/16	uncumou	1 mount	decemo	ADDRESS !
SA. DATE REC'D IN HE	LIAN ANDRONE JOSE N.	AME OF REGISTRAR	25C. FUNERAL DIRECTO	l el	A LANGES MA
4115		0.0 7.0	(Free) 1 (1 (1)	. /	(1 1 1 1 1 1 1 1 1 1 1 1
milit "	I 19/0 1 00 Cg.	8 E. Jaba M.D.	2 Poloso	= Hones	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
\$ 150-REV. 1/1/6B	1 19/0 1 Colga	8 %. Taba, MD.	Prototo	- Junes	2016/11/14





(110)	BALTIMORE CITY	HEALTH DEPARTMENT		70 4852
-/60	CERTIFICA	TE OF DEATH	REG. NO	4000
I, NAME OF DECEASED (Type or Print))U		ND HOUR OF DEATH	1535 M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If ins	titution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland		DE CITY LIMITS?
NSTITUTION		Baltimore		YES X NO
		E. STREET AND NUMBER	0	
The Johns Hopkins Hos		1211 Nolan	Court	
SEX 6. RACE 7. MAR	RIED NEVER MARRIED		9. AGE (In years last birthday)	Months Days Hours Min.
	WED DIVORCED	4/15/42	28	
10A. USUAL OCCUPATION (Give kied of work 10B, KIN done during nost of working life, even if selired	D OF BUSINESS OR INDUSTRY	14. MOTHER'S MAIDEN NA	orle	U. S. A
Bernard Cooper		Alice Reid	1	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of ser	rice) 16. SOCIAL SECURITY NO.	17. INFORMANT	00	ADDRESS
18.	CAUSE OF DEAT	STORELA	reco	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, heart failure, asthenia, efc. It means the dis injury or camplication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, going the the obove cause (A) stoting UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	(B)	20A. AUTOPSY? (Yes or No Yes nor or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If In Boltimore	INDINGS CONSIDERED ISES OF DEATH?
(APPROX.)	Work At Work			
22. I certify that (I) (this haspital) attended			19ta	
that (I) (we) last saw the deceased alive			nat in (my) (aur) apin	ian death accurred on the date
and haur and from the causes stated aba	ve. (I) (We) (did) (did nat)	riew the bady after death.		238, DATE SIGNED
Charles S. Augel	DEGREE Phy		Staff Phys.	5/2/70
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
Charles S. Angel			Hopkins Hos	
Burral 5/8/70	AGENAME OF CEMETERY, OF CR	25C FUNERAL DIRECTOR	Salto	y, town, or county) (State)
MAY 1 19/0 Vale 8 4. 4	cook was	MARTHER O	andered	116 Helown 5



4-417	70	10=1		HEALTH DEPARTMENT		70 4854	
BIRTH NO.	_	4854	CERTIFICA	TE OF DEATH	REG. NO	4004	
1. NAME OF DECE				2. DATE	AND HOUR OF DEATH	1	
		, WILLIA		MA	Y 10, 1970	1 1:40	P M
3. PLACE IN BALT	IMORE MARYLAND, V	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (V	Where deceased lived. If	institution: residence before	odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITUTI	ON, GIVE STREET	MARYLAND C. CITY OR TOWN	CITY	21223 2 C	105
40	ST. A GN	ES HOSPI	TAL	BALTIMORE E. STREET AND NUMBER		YES NO	
		-		535 S. BEN	TALOU ST.		
	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under Months Doys Hours	er 24 Hrs.
MALE	WHITE	WIDOWED	DIVORCED	04 15 39	lost birthday	Months Doys Hours	Min.
IOA. USUAL OCCU	FATION (Give kind of world	108, KIND OF BU	USINESS OR INDUSTRY	11. BIRTHPLACE (State of	oreign country)	12. CITIZEN OF WHAT	COUNTRY?
CHECKER	verking life, even if retired)	ROADWAY	EXPRESS	MARYLAND		U.S.A.	
3. FATHER'S NAM				14. MOTHER'S MAIDEN !	NAME		
	HOLEVAS			MARY (PAPPAS)		
5. Was Deceased	Ever in U. S. Armed For (If yes, give war or dote	ces?	SOCIAL	17. INFORMANTAVES	DALTO ME	ADDRESS 21	0.00
ND	, , , , , , , , , , , , , , , , , , , ,	or services	SECURITY NO.	CT ACMEC II	OCD DECODE).	229
18. 7	101		CAUSE OF DEATH	ST. AGNES H		ADDOONINATEA	ILKEN
DISEASE	OR CONDITION DI	DECTI V	Oriote of DEAT	ALLUTE SO	=PTIRE Le	BETWEEN ONSET A	
	LEADING TO DEATH	ALC:LI		-	-1 1 1 200 07	2 hh	ours
(This does no	it mean the mode of	dying, e.g.,	DUE TO, OR AS	SE CONSEQUENCE OF:			
injury or comp	slhenia, elc. It means olicalian which caused	the disease,		Consequence or:			
	NTECEDENT CAUSES	200112				1	
			(B)	A CONSEQUENCE OF:			******
rise to the	R CONDITIONS, if abave cause (A)	any, giving sloling the	DUE 10, OR AS	SKIN'S S	105000	SEVER	AL
UNDERLYING	CONDITION last.		(c) 77000	3/6/14 3 8)	SEASE	BOW.	THS
	II .						
OTHER SIGNIFIC	CANT CONDITIONS CO	NTRIBUTING					
DISEASE OR CO	I BUT NOT RELATED TO THE PARTY OF THE PARTY	T 1 (A).	*****************				
OTHER SIGNIFICATION THE DEATH DISEASE OR CO	OPERATION 198 CON WAS PER	DITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE	FINDINGS CONSIDERED	
21A ACCIDENT	T WAS HADEN VING	loss as		NO			
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examined	home,	ACE OF INJURY (e.g., in form, factory, street, olf	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR!	(il in Baltimo	re City, give exoct location)	
OF INJURY	(Manth) (Doy) (Year)	(Hour 21E IN	JURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
(APPROX)		While	At Not While				
22 1	1-1-Y12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Wark	- Al Work	<u> </u>			-
22. I COLLIANT	hat (1) (this hospital	attended the	eceased fram MA	11 700	_19 70 to MAY		7.0
	ast saw the decease		•		that in (My) (aur) api	inian death accurred an	the date
and have and	fram the causes stat	ed abave. (1) (V	14 \$69(\$1\$) (blb) (e)	ew the bady after deat	10		
23A. SIGNATUR	1 Shular		4 1			23B, DATE SIGNED	
	A local man	2	After Phys.	ding Med.	Staff Phys.	05 10 70	
23C. PHYSICIAN NAME (Typ	-/410	FREIVE	2	D. ADDRESS ST AS	ues the fi	tel. BALTO	•
AA. RURIAL CREA	ATION, 248, DATE	1040 214	DEGREE	ATUN & WILK	ENS AVES.		229
2 KEMOVAL ISP	ecily) 5	24C. NAMI	at CEMETERY of CRE	1 0 1	011.	ity, town, or county)	(State)
SARBANG RECO			towridge 1º	em. Gardens	Baltin	nore Go.	174
MAY II.	19/0 Vaber 8	SE NAME OF	44	250. FUNERAL DIRECT		ADDRESS	Dur
S 150-REV. 1/1/68	1 1	· Aug		1 YOURDE L	1-HWHO	2101 FRED'K 1	TVE
- 1-0-UF AS 1/ 1/05							

They have not sometimes and

•	occurred in a hospital and ontributing cause of death ermined cause; (5) Deceased regular attendance on the sased prior to death. Such is made.
R: IMPORTANT	er or his assistant if death r. Also, if the direct or coture of any kind; (4) Under ronounced death was in ar attendance on the decembalmed or final disposition
FUNERAL DIRECTOR: IMPORTANT	Ihis certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	his certificate must be a he body was released to hows: (1) An accident of vas D.O.A. at a hospital leceased prior to death) vritten approval must be

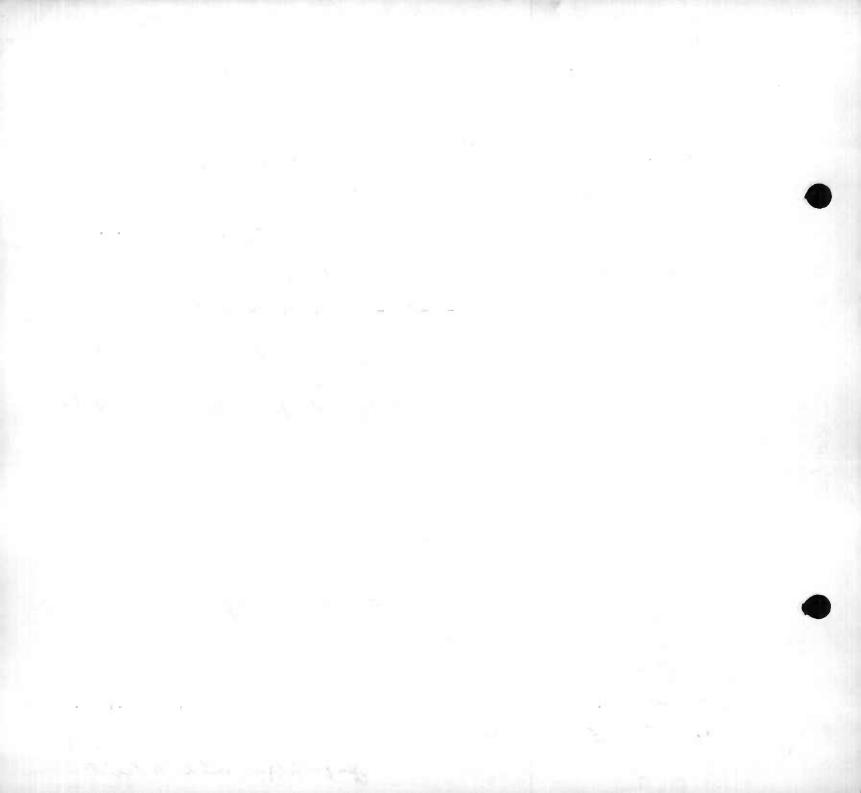
1	5-300	**0		HEALTH DEPARTMENT		70	4856
BII	ATH NO.	70 485	6 CERTIFICA	TE OF DEATH	REG. NO.	• • •	4000
(Ту	PAME OF DECEASED	n		2. DATE AN	ID HOUR OF DEATH		
3	SCOTT HETTOU			5/3/7	70	1	1 A: M.
"	PACE IN BALIMORE MAK	LAND, WHERE PR	ONGUNCED DEAD	4. USUAL RESIDENCE (When	re deceased livad. If instit	ution: reside	ence befare admissianl
H	LL NAME OF (IF NOT I	N HOSPITAL OR II	ASTITUTION. GIVE STREET	MARY AND		/	501
	Mante MEMOR	ial NURSI	na HOME	17.11	D. INSIDE	min.	
1	iNCOIN MEMOR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	E. STREET AND NUMBER	Y	ES L	NOL
1	BALTINORE M	d.		622 BAKER	. </td <td></td> <td></td>		
5.	SEX 6. RACE		RIED NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years	I Under 1	Yr. , II Under 24 Hrs.
4	Alto NEOLO		WED DIVORCED	7/1/85	last birthdoyl	ionths Do	ys Hours Min.
10/	USUAL OCCUPATION (Give I	ind of wark 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lorei	gn country)	2. CITIZEN	OF WHAT COUNTRY?
	e during mast al warking life, even		NONA	211//1/2010			
13.	FATHER'S NAME	2	NOANTI	14. MOTHER'S MAIDEN NAM	MF -	4.5	<u>H</u>
1	Chill inthe	Mus. A.	Apart	1 1 1 h	2. 1. 12		
15.	Was Deceased Ever in U. S.	word forces?	[1 6. SOCIAL	17. INFORMANT	may la	4	
11.	Was Deceased Ever in U.S. / s.no or unknown) (If yes, give w	or at dates of serv		1 1 4	in sol	/ AD	DORESS
14/	KNOWN		577-18-3527 4	13 Mes. May Ha	Mes 127 Dre	red the	Klake Knice
	18. 162.11		CAUSE OF DEATH				PPROXIMATE INTERVAL VEEN ONSET AND DEATH
1	DISEASE OF CONDI-	TION DIRECTLY		1			
	(This does not mean the	mode of dving.	e.g., (A) IMMEDIATE CAU	SE CA. OF LUI	79		
	heart failure, asthenia, etc.	It means the disc a caused death.)	ase,	CONSEQUENCE OF:	/		
	ANTECEDENT	CAUSES	-				
	DISEASES OR CONDITIO	NS, if any, gi	ving (8)	A CONSEQUENCE OF:	*************		
	rise la lhe above cau UNDERLYING CONDITION	se (A) sloting	III G				
	II	1031,	(C)	***************************************			
NO	OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTI	NG				
ATIC	TO THE DEATH BUT NOT RELADISEASE OR CONDITION GIVE	TED TO THE TERMIN	IAL				
CERTIFICATION	19A. DATE OF OPERATION	98 CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? IYes or No.	208. IF YES, WERE FINE	DINGS CO	NSIDERED
ERT					IN CERTIFYING CAUSE	S OF DEAT	тн?
	21A. ACCIDENT WAS UNDER	RLYING [21B. PLACE OF INJURY (e.g., in home, form, foctory, street, aff	or about 21 C. WHERE DID	(II In Baltimare Ci	ly, give exc	act locotion)
CA	DEATH (notify medical exomin	ed	etc.)				
MEDICAL	21D. TIME (Month) (Day	Yearl (Haur)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
~	(APPROX)		While AI Not While Nork				
	22. I certify that (1) (this	hospital) attend	ed the deceased from	3/19	9 70 to 5/3		10 20
	that (1) (we) last saw the		A 100 L	*	t In(my) (aur) opinior	death o	19 /
	and haur and fram the cau	ses stated/abay	e. (1) Me) (did not) vi				on the fold
	23A. SIQNATURE	1		waay affet dealiff	231	B, DATE SIG	GNED
	Clar.	Thuran	e to heaves Phys.	ding Med.	Shaff 5	15/2	
	23C. PHYSICIAN'S NAME (Type)	/	DEGREE	3D. ADDRESS	Phys. 🗀	13/70	<u> </u>
	Dr. Hall.	Sant	nnina				
24A	BURIAL CREMATION, 248	DATE 240	C.NAME of CEMETERY OF CREE	MATORY 240-10	CATION / ICITY, 10	own, or cal	untyl Statel
	REMOVAL (Specify)	1-12 0	me Callage	The test y	The shill	/	Andrei /
25A	DATE REC'D BY HEALTH DE	10 0 15B. MA	AL OF REGISTRAR	2500 FUNERAL BIRECTOR	was very		ma,
	MALTI IAM	1000 E. 12	Men Ken	250 FUNERAL BIRECTOR	100 222211		oth lives
VS	150-REV. 1/1/68			W 0/6/3/4	Butter	in	mel



VS 150-REV. 1/1/68

531 W. Mulberry St.

1 500	BALTIMORE CITY	Y HEALTH DEPARTMENT		
BIRTH NO. 520 70 4	858 CERTIFICA	TE OF DEATH	REG. NO	67-159
I.NAME OF DECEASED				70 4858
(Type or Print)		2. DATE A	ND HOUR OF DEATH	
Jones, Boles	a e	5/1	1/70	1
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. If i	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland c. CITY OK TOWN	D. IN:	SIDE CITY LIMITS?
Dukaland Namaina & Can-		Baltimore		YES NO
Dukeland Nursing & Conv	valescent home	E. STREET AND NUMBER		
4501 N. Dukeland Street	t	1031 Hillen	Street	
5. SEX 6. RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF RIPTH	O AGE (In wood	Il Under 1 Yr., Il Under 24 Hrs. Months: Doys Hours Min.
Male Negro WIDO	OWED DIVORCED	1 3 1 1 0 2	lost birthdoy	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KII done during most of working life, even if retired)	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or lore	eign country)	12. CITIZEN OF WHAT COUNTRY
		.0	Unknows	U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Maknonen!		Oly bus ou		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of set	16. SOCIAL	17. INFORMANT		a ADDRESS
tres, no or unknown) (it yes, give wor or doles of sei		. M - 0	al . D.	//
110	219-14-2289-	A Mulsing	HIM KILL	nagi
DISEASE OF CONDITION DIRECTLY	CAUSE OF DEAT	H / /	. ·	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	er Paramonas k	1	3 1 24
(This does not mean the mode of dying, heart tailure, osthenia, etc. If means the dis	0.0	A CONSEQUENCE OF:		0 00016
injury or complication which caused death.)	eose,			1
ANTECEDENT CAUSES	1/1	0	4	
	(B) / Ld	lien fatel	closy	10 days.
DISEASES OR CONDITIONS, if any, grise to the above couse (A) stating	iving DUE TO, OR AS	A CONSEQUENCE OF		
UNDERLYING CONDITION last.	(c)			
11	(7/		***************************************	***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
TO THE DEATH BUT NOT RELATED TO THE TERM	INAL			
DISEASE OF CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	120A. AUTORSY2 (Yes, or No	J 200 15 Vec West	Shiphing solvers are
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 179E. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1		20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Boltimor	re City, give exact location)
S IDEALH Inclify medical examined	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	į, ti gatinio	only give exect tocollen,
	21E INJURY OCCURRED	0.5		
S OF INJURY	While AI No! While	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	Work At Work	' 🗆		
22. I certify that (i) (this hospital) attend	ded the deceased fram	2 13- 1	19 6 / to 5	19 70
that (1) (we) last saw the deceased alive	A.	19 20 and the	et in(my) (our) eni	nion death occurred on the date
and hour and fram the couses stated about			or intimy, tool, obt	mon death occurred on the date
23A. SIGNATURE	Cos (1) (110) (Gray (Gra 110)) V	lew the body diter deoth.		IOOO DATE SIGNED
Forming O. An	A a f least	nding Med.	Staff Phys.	23B DATE SIGNED
23C.PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS	Phys. L.1	3 /0
Percival C. Smith			n Avenue	Balto., Md. 21229
	DEGREE			
REMOVAL (Specily)	MI OI.	NO	OCATION (Ci	ity, town, or county) (Stole)
15 Wille 9-0 10	MT Calvery	Lefm Pari	00/x/4n	Mal
TTELL A ADDRESS OF A STATE OF	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS ADDRESS
MAY 1 1 1970 Cabel E Jal	SEL MED	gusgh Khi	es dititi	" land all.
VS 150=RFV, 1/1/68				



1) pulh mo	BALTIMORE CITY	HEALTH DEPARTMENT		MO 4050
N - 242 70 48	59 CERTIFICA	TE OF DEATH	REG. NO	70 4859
1. NAME OF DECEASED		2. DATE A	ND HOUR OF DEAT	Ή
(Type or Print) Willie Nicholson			y 4 1970	1 30 00
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD			institution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 808 St. Paul Street		A. STATE B. COU	NTY	402
		Baltimore D. INSIDE CITY LIMITS?		
Baltimore, Mar				YES NO NO
) Dardinoic, mar	JIAIU ZIZOZ	117 N. Pearl	Street	
	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost bigthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
M N WID	OWED DIVORCED	2/15/03	67	Willias Doys Hours Willia
OA. USUAL OCCUPATION (Give kind of work 10 B. KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
loge during most of working life, even il retired)		Unknown		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Unknown		Unknown		
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown (If yes, give wor or dotes of se	16. SOCIAL SECURITY NO. 250-28-0100	med Jowy	a Dunt	address SA
18. // 5/ /	CAUSE OF DEAT	H MULLEY POST	u propos	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			1	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	is - respuis	2 Julia	4
(This daes not meon the mode of dying, heart failure, osthenia, etc. It meons the di	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
injury ar complication which coused death.		(en	
ANTECEDENT CAUSES	Cover	nme,	1	•
	(B) Clener	med Te	ta stros	
DISEASES OR CONDITIONS, if any,		A CONSEQUENCE OF:		
rise to the obave couse (A) stating	ine (Celes	Bril Mes	tastosis	S ·
	(c)			
O OTHER SIGNIFICANT CONDITIONS CONTRIBU				
O THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL			
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N		E FINDINGS CONSIDERED :AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominet)	21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, o etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(If In Boltim	nore City, give exoct location)
21D. TIME (Month) (Doy) (Yeor) (Hour	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
2 OF INJURI	While At Not While			
(APPROX.)	Work At Work			
22. I certify that (I) (this haspital) atter	ded the deceased from C	111 23	19) O ta	4 By 4 1970.
	200	1970 and t		}
that (I) (we) last saw the deceased alive	e dil			pinian death accurred an the date
and haur and fram the causes stated abo	ive. (I) (Warrant) (did nat) v	iew the bady after death.		
23A. SIGNATURE			P	23B, DATE SIGNED
Personal Con.		nding Med.	Staff	
23C. PHYSICIAN'S	GREE Phy	/	Phys.	
NAME (Type)		23D. ADDRESS		
Willow D Apple	Gold My	0615 /less	terson	N.J
	24C. NAME OF CEMETERY OF CR	MATORY 24D. I	LOCATION	City, town, or county) (State)
REMOVAL (Specify)	MY ALL	2	2. 1.1	ma
Thursday 3-0 10	1.11 Calyery	Cem B	rooklyn	119
MAY I 1 13/0 Robert 258 N	AME OF REGISTRAR	25C. FUNERAL DIRECTO	222:	2 W. harth heres
/\$ 150-REV. 1/1/68		4		

Canada Magning Falling
Canadan Son Canada So

A Careful Company of Careful Com

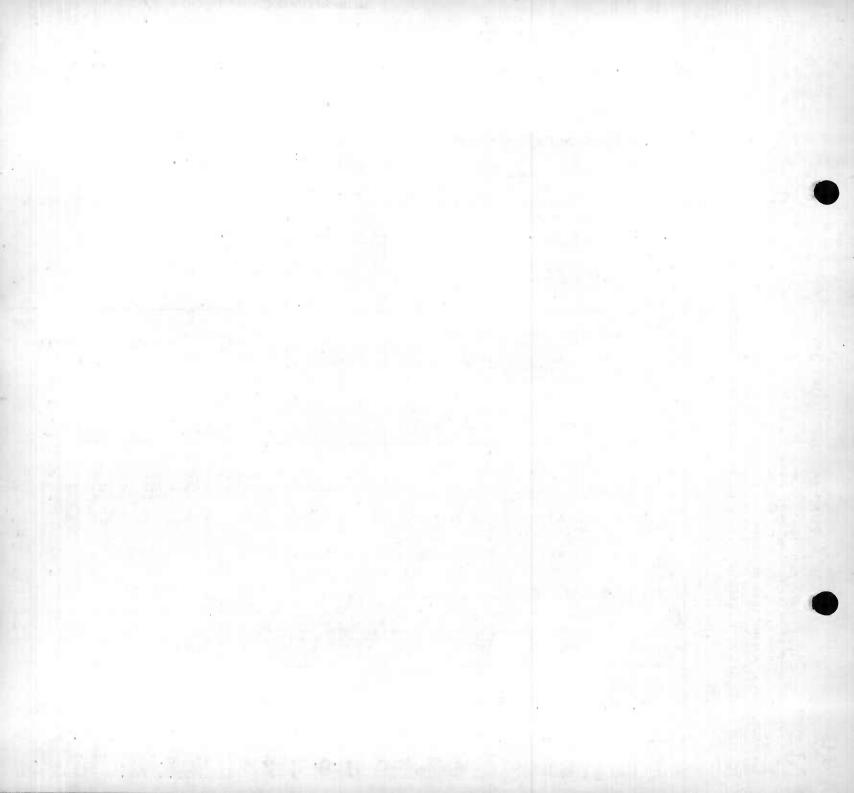
Li web thought Tidd Olive to Darlynon Onallice

VS 150-REV. 1/1/6B

THE RESERVE AND ADDRESS OF THE PARTY OF THE

--- CDA-

VS 150-REV. 1/1/6B



			- MG.21212	70 48
BIRTH NO. 70 4862	CERTIFICA	TE OF DEATH	Registered No.717	1 14 40
1. NAME OF DECEASED	71	2. DATE AN	D HOUR OF DEATH	يسو
moore, DenthA (V.) LILLIA		70 #	11-
PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	e deceased lived. If instituti TY	on: residence before odi
FULL NAME OF (If not in hospital or institution, g	rive street	md .	BAITIMOR	2 21
INSTITUTION		C. CITY OR TOWN (If our	side city limits, write RURA	. ond give township)
Maryland beneral Ho.	SPITAL		rurol, give location)	
7,11.4		5800 cles	ANSPRING K	fue.
	NEVER MARRIED , DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years If Mo	Under 1 Yr. II Under
F CAUC. a, de	sw	8/12/1900	64	
IOA. USUAL OCCUPATION (Give kind of work IOB, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or forei	gn country) 12.	CITIZEN OF WHAT COUNTRY?
(NONE) HOUSEW 11=		MANVIAND		W.F.A.
13. FATHER'S NAME		14. MOTHERS MAIDEN NA		10 00.00
J. E. B. VACKSO.		ONK	NAGOOD	NA CROGG
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (II yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT REINIE	LILIRENNA 15	53 EL CER
No	NONE	chan	THOUSAND	DOAKS, EL
1B. /56, / I	CAUSE O	MONARY COM	J625 Man	INTERVAL BETWE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	na	TASTATI	100 100 Ph d	- b . rs
(This does not mean the mode of dying, e.g.,	DUE TO			C. 60 60-1-5
heart foilure, osthenio, etc. It means the disease, injury or complication which caused death.)	O.T.	CALON-	PANE DUCT	~
ANTECEDENT CAUSES	(B) CHIC	UNOTH of 10	ernie one	7
DISEASES OR CONDITIONS, if ony, giving	552 15			
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(C)			,
11 - 12 - 13 - 13 - 13 - 13 - 13 - 13 -				
OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
DISEASE OF CONDITION CAUSING IT.	VHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDI	NGS CONSIDERED
198. CONDITION FOR WAS PERFORMED OBSTAUCTIO	- /	1 1	10 CERTIFYING CAUSES	OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING 218.	PLACE OF INJURY (e.g., in	or obout 21C, WHERE DID		, give exact location)
DEATH (notily medical examiner)	s, folin, focione, sweet, or	nee stoge, meeting second.		
21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW OND INJ	URY OCCUR?	
(APPROX.) While	le At Not Whill At Work	e 🗍		
22. I certify that (IT (this hospital) attended th	ne deceased from	4/27	197010 5/	7 19
thot (t) (we) lost saw the deceased olive an	5/7	19 20 and th	ot in (mg) (our) opinian	deoth accurred on t
and hour and from the couses stated above. (1)) (HE) (did nor)	iew the bady after death.		
23A. SIGNATURE	11		23 B.	DATE SIGNED
John Kalley idel	M.D. Atte	ending Med. Director	Stolf Phy s	5/7/70
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
Dr. John R. Sette	erfield, Jro.	Maryland G	eneral Hospi	.tal
24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NA	ME of CEMETERY or CRI	MATORY 24D. L	OCATION (City, to	wn, or county)
	oudon Park	В	altimore	Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O		25C, FUNERAL DIRECTOR		ADDRESS 4905 Yo
WHITT ISIN ASSETS of Jan	weet weet	1 8 Balt	ins & Sons Co imore, Md. 2	212
150-REV. 1/1/65				

RAL PARUME MAN AND YOURAL HOSPITAL 3800 dearing to -13 11/2/18 CAUC a, low 2000 Maryland J.H. B. JAckson Service and the Control of the Contr Tanks 2000 MATHET ATEC CANCINGAM C. 6 marine to 5/9/74 Obstandion Standiew and, the first state of the first

BIRTH NO.

VS 150-REV. 1/1/68

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4863

NO

ADDRESS

ABOVE

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

(Stote)

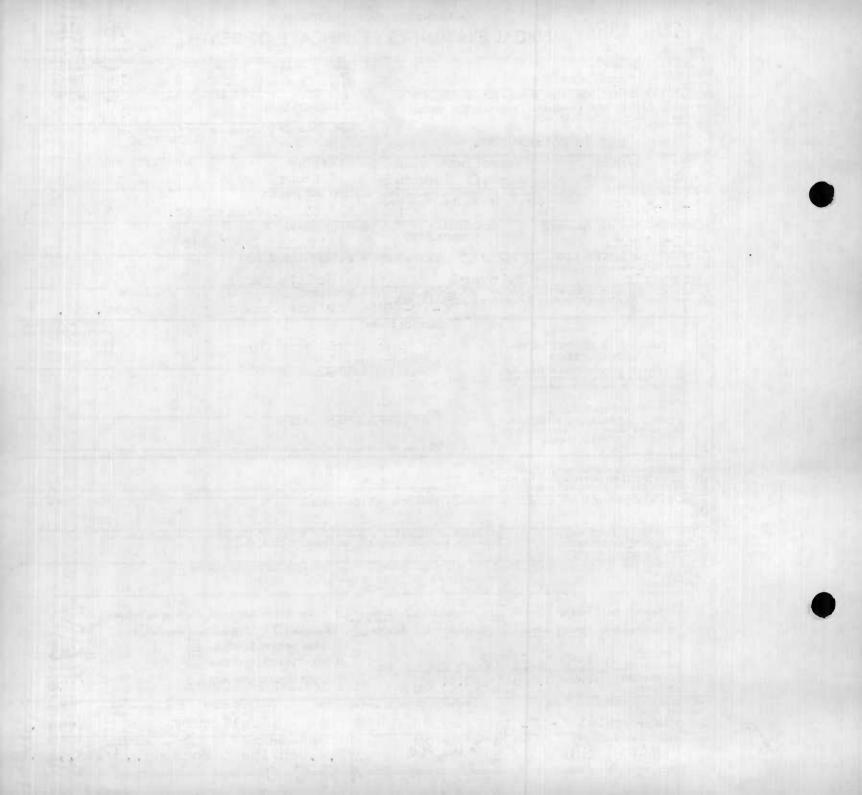
Baltimore

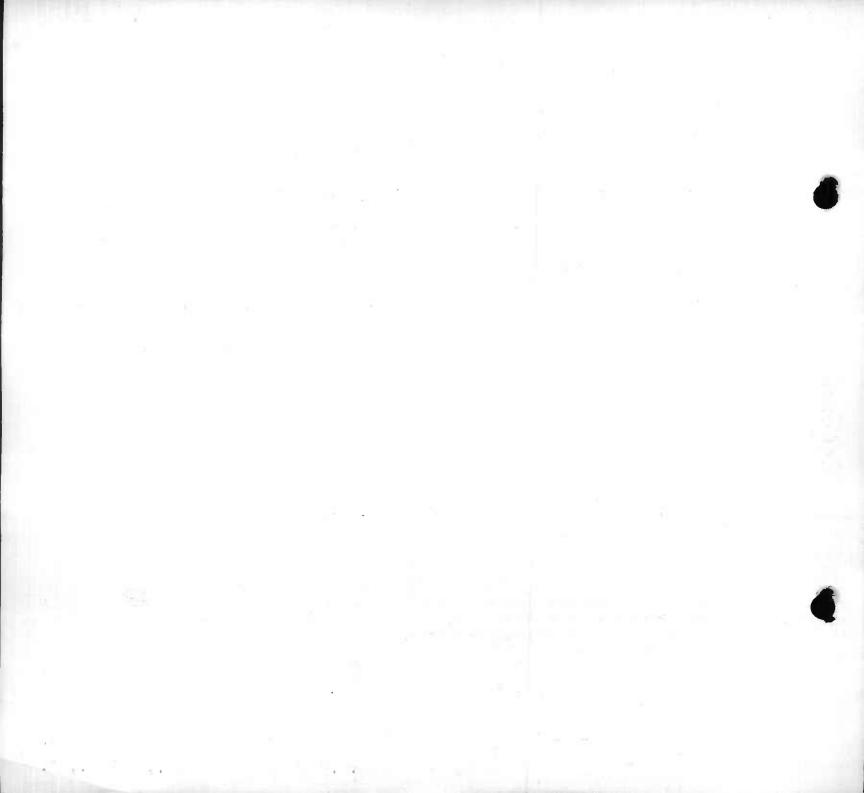
If Under 24 Hrs.

or PP-A-P Should state I have store in HOME T MODE TOTAL A LINE CONTROL AND ADDRESS. MAY GET St. 14 1/28 A JUNE CHRESE V AND CHIEF MEMORIE SECURIC

BALTIMORE	CITY	MEALTH	DEDAG	TARENT
DALIMUKE	CILT	REALIR	UEPAR	CIMENI

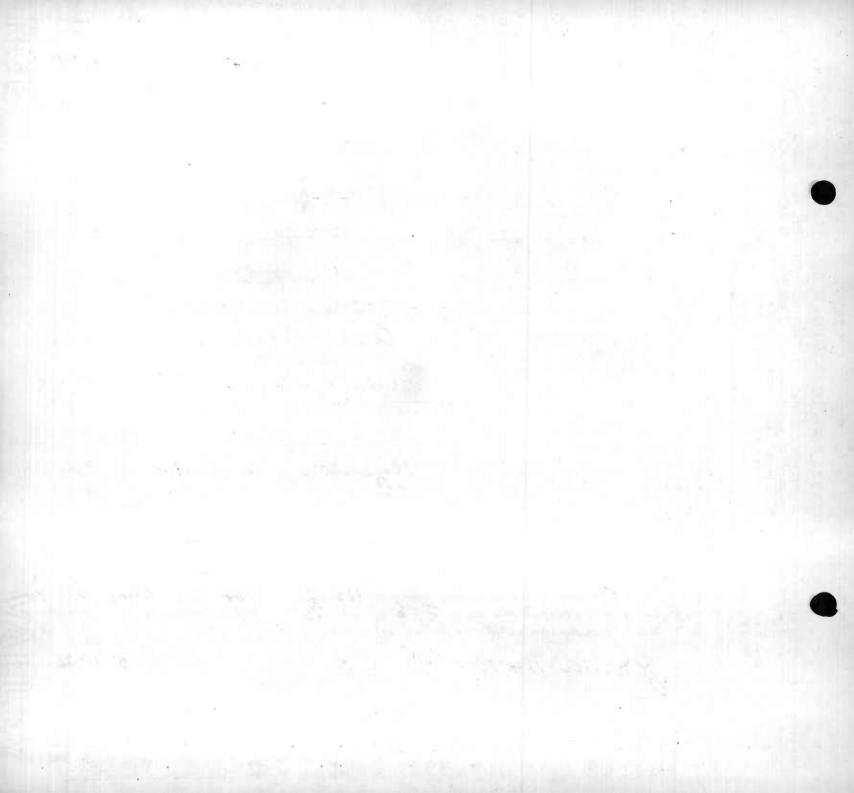
10 4864 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	70 4864
I. NAME OF DECEASED		
(Type or Print) Roy Yoder	2. DATE Known Manth Day OF DEATH Estimoted 5 8	70 Hour 70 12:10 p
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 5 8	70 12:10 p. _M
323 S. Folcroft St.	5. USUAL RESIDENCE (Where deceased lived, if institution: r. A. STATE Md. B. COUNTY	2 ()
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
male white widowed Divorced	Baltimore YES	™ NO □
9. DATE OF BIRTH 5-25-1915 10. AGE (In years Wonder 1 Yr. If Under 24 Hrs. Months Doys Hours Min. Months Doys Months Doys Hours Min. Months Doys Months Mo	E. STREET AND NUMBER 323 S. Folcroft St.	
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Michigan WHAT COUNTRY?	Abraham J. Yoder	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired)	15. MOTHER'S MAIDEN NAME	
Mechanic Shipyard	Nellie Hawn	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18, INFORMANT ADD	RESS
(Yes, no or unknown) (If yes, give wor or dotes of service) 175-18-792	3 Arthur Yoder Es	sex, Md.
19. 4. 3.0.91 CAUSE OF DEA	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	achnoid hemorrhage	
LEADING TO DEATH (A)IMMEDIATE C	CAUSE	
treat tought assistant circ is the alsa disable.	AS A CONSEQUENCE OF:	
Injury or complication which caused death.)		
ANTECEDENT CAUSES (8)		
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST. (C)		
C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT BELATED TO THE TERMINAL		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS DESECULED	
O D	A PERFORMED	II. AUTOPSY? (Yes or No)
Z 22A. EXTERNAL CAUSE WAS 22B, PLACE OF INJURY (e.g.,	In or about 22C. WHERE DID (If in Baltimore City, give exact	yes
UTING CAUSE OF DEATH.	bldg., etc.) INJURY OCCUR?	location
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED.	22F. HOW DID INJURY OCCUR?	
m. WORK L	WHILE ORK	
23. I certify that I held on Inquiry Inspection Au	5	
	tapsy* and that on this basis, death in my or	lnion
resulted from: Natural causes Accident Suicid		
ACTUAL MORALSALSALS	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D.		
	Chief Medical Examiner	5/8/70
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Removal-Burial 5-12-70 IOOF	or CREMATORY 24D. LOCATION (City, lown, o	Penna.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF PEGISTRAR	25C. FUNERAL DIRECTOR ADD	RESS
MAY 11 1970 Cole & Jaber 1. D.	H.W.Jenkins & Sons Co.	,Balto.,Md.
VS 151-REV. 1/1/68	000	



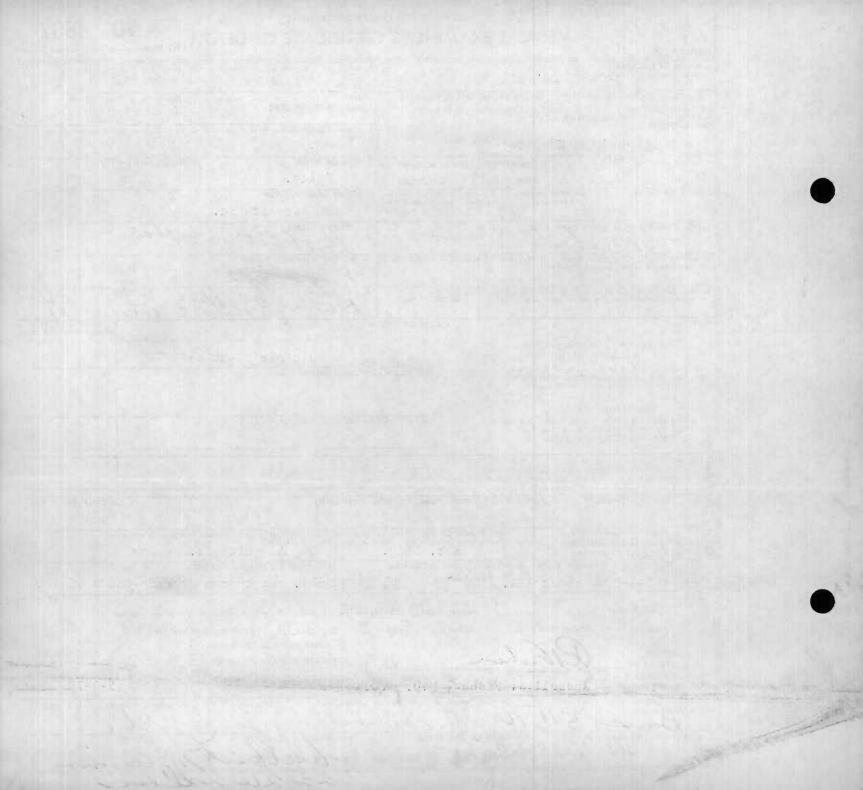


FUNERAL DIRECTOR: IMPORTANT

	70	486	6 CERTIFICA			REG. NO	70	4866
BIRTH NO.		400	CERTITICA	TE OF DE		D POUR OF DEATH		100
Type or Print)	ames Floyd		JNCED DEAD	4. USUAL RESID	5-	9-70 e ceosed lived. If i	nstitution: resi	11:45 P. dence before odmission
FULL NAME OF	F (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	Md.			IDE CITY LIM	206
90	Gould Conva	lesari	um	Baltin			YES X	NO 🗌
. SEX	6. RACE	In the second		3012 C		nt Ave.		V 17 17 1 24 11
M.	W	WIDOWED	land and the same of the same	8-25-1	886	9. AGE (In years lost birthdoy)		oys Hours Min.
	CUPATION (Give kind of worl f working life, even if retired)		Hat Co.					SA
3. FATHER'S NA	AME			Virgi	AAIDEN NAM	AE		
Oliver	Cromwell S:	ims		Lydia	Walto	าท		
S. Was Decease	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT			772 CA	odress esmont Av
No	, , , , , , , , , , , , , , , , , , , ,	311120	212-05-872	Toma	ima Ri		DIE OI.	esmont Av
18. 11 2	3.91		CAUSE OF DEAT	H NAME 2	TIIIS DI	T ocher.		APPROXIMATE INTERVAL
	ASE OR CONDITION DI LEADING TO DEATH		(A) IMMEDIATE CAL	Brebal;		bosis	361	/mo
heart failure	nal mean the made of a asthenia, etc. It means amplication which caused ANTECEDENT CAUSES	the disease, death.)	DUE TO, OR AS	A CONSEQUENCE		eco.		10 ym.
rise la I UNDERLYIN	OR CONDITIONS, if he abave cause (A) HG CONDITION last. I	stating the	(c)			eung, nitu	٤	3da.
DISEASE OR	CONDITION GIVEN IN PAR OF OPERATION 198, CON WAS PER	T 1 (A).		20 A. AUTOPS	W	20B. IF YES, WERE		ONSIDERED ATH?
OR CONTRI	ENT WAS UNDERLYING DUTING CAUSE OF	21 B. hom etc.	PLACE OF INJURY (e.g., i e, form, foctory, street, o	n or obout 21 C. WI	HERE DID OCCUR?	(If in Baltimo	re City, give	exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED	e	UNI DID WO	URY OCCUR?		
that (t) (we	y that (1) this hospito b) last sow the decease and from the couses sta	ed olive an	5-8		and the	966 toat in(my) (our) ap		
23C. PHYSICA NAME	AN'S (Type)		DEGREE	23D. ADDRESS	ed.	Staff Phys.	5	-11-70
4A. BURIAL CR REMOVAL	Dr. Duer Mc		DEGREE AME of CEMETERY OF CR	3105 I	Belair 24D. to		ity, town, or	county) (Stote)
Rem. Bur	D BY HEALTH DEPT.		Providence of REGISTRAR	Ch. Cer	St. DIRECTOR	Song Co	irgin	ADDRESS
MAY 5 150-REV. 1/1		به در باعد	Bergh. Do	0 2 8) Be	Sons Co.	Ma	21212



NAME OF DE	ROB1	BIE JOI			2. DATE OF DEATH	Known Estimoted	Month	Doy	Year	Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION					UNCED DEAD	Month 5	Doy 4	1970	12:46 A	
33Johns	Hopki	ns Hos			A. STATE		e deceased li	B. COUNTY	5	below odmission)
.sex Male	7. RACE			RIED NEVER MARRIED	C. CITY OF				CITY LIMITS?	
. DATE OF BIRT	Negro	i O. AGE (In		VED DIVORCED L If Under 1 Yr. II Under 24 Hrs Months, Doys, Hours, Min 11	E. STREET	Balto. AND NUMBER BO Aisquit	h St.		YES 🔼	по 🗆
I. BIRTHPLACE	Stole or foreign	n country)	/	12. CITIZEN OF WHAT COUNTRY?	13. FATHER		egy	e H	ell.	
4A.USUAL OCGU	PATION (Give	kind of work i	14B. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME		70	100
s. WAS DECEAS es, no or unknown					18. INFOR	MANT Tie H	e H	ne !	ADDRESS	104
(This does not heart failure	E OR CONDI LEADING TO not mean the to, asthenio, etc. application whice	DEATH mode of dyi	ng, e.g., diseose.	(A)IMMEDIATE DUE TO, OR		Multiple QUENCE OF:	injuri	es		PPROXIMATE INTERVA
(This does in heart failure injury or cor Injury or cor RISE TO THI UNDERLYIN	LEADING TO not mean the nother of the nother	DEATH mode of dyi It meons the th coused deo CAUSES DNS, IF ANY, ISE (A) STATI ON LAST. II	ing, e.g., diseose, lh.) GIVING THE	(A) IMMEDIATE DUE TO, OR (B)	CAUSE AS A CONSEC	QUENCE OF:	injuri	es		
(This does in heart failure injury or cor Injury or cor RISE TO THI UNDERLYIN	LEADING TO not mean the contents, esthenia, etc. nplicotlon whice NTECEDENT (DR CONDITIO E ABOVE CAL NG CONDITIO INFICANT CON ATH BUT NOT CONDITION	DEATH mode of dyi If meons the h coused deo CAUSES DNS, IF ANY, ISE (A) STATI ON LAST. II DITIONS CO GIVEN IN PA	GIVING THE	(A)IMMEDIATE DUE TO, OR (B) DUE TO, OR (C)	CAUSE AS A CONSEG AS A CONSE	QUENCE OF:	injuri	es	BETY	
(This does in heart foilure injury or cor injury or cor RISE TO THI UNDERLYIN OTHER SIGN TO THE DED DISEASE OR	LEADING TO not mean the contents, esthenia, etc. nplicotlon whice NTECEDENT (DR CONDITIO E ABOVE CAL NG CONDITIO INFICANT CON ATH BUT NOT CONDITION	DEATH mode of dyi If meons the h coused deo CAUSES DNS, IF ANY, ISE (A) STATI ON LAST. II DITIONS CO GIVEN IN PA	GIVING THE	(A)IMMEDIATE DUE TO, OR (B) DUE TO, OR (C)	CAUSE AS A CONSEG AS A CONSE	QUENCE OF:	injuri	es	21. AUTC	WEEN ONSET AND DE
(This does in heart failure injury or con in	LEADING TO not mean the , osthenio, etc. nplicotlon whice NTECEDENT (DR CONDITIO E ABOVE CAL NG CONDITIO INTECEDENT (ONDITIO ONDITIO FOPERATION NAL CAUSE \ SOME ON CONTINUES OF DEAL	DEATH mode of dyi If meons the focused deo CAUSES DNS, IF ANY, ISE (A) STATI ON LAST. II DITIONS CO GIVEN IN PA I 20B. CON NAS RIB- IH.	ong, e.g., diseose, lh.) GIVING ING THE DITRIBUT THE TERM. RT 1 (A).	(A)IMMEDIATE DUE TO, OR (B) DUE TO, OR (C)	AS A CONSE	QUENCE OF:	(If In BollImor	e City, give e	21. AUTC	DPSY? (Yes of No)
(This does in heart foilure injury or cor injury (APPROX.) 5	LEADING TO not mean the , osthenio, etc. nplicotlon whice NTECEDENT (DR CONDITIO BE ABOVE CAL NG CONDITIO ILIFICANT CON ATH BUT NOT CONDITION FOPERATION NAL CAUSE (SE) OR CONT USE OF DEA' (Month) (Di	DEATH mode of dyi If meons the focused deo CAUSES DNS, IF ANY, ISE (A) STATI ON LAST. II DITIONS CO RELATED TO GIVEN IN PA I 20B. CON NAS RIB- IH. ay) (Yeor)	ing, e.g., diseose, lh.) GIVING ING THE DITRIBUTINE ETERM. RT 1 (A). HOUTHON	(A)IMMEDIATE DUE TO, OR (B) DUE TO, OR (C) ING INAL FOR WHICH OPERATION W 228. PLACE OF INJURY (e.g., office), office apt. bldg (apt. bldg) 22E.INJURY OCCURRED	AS A CONSE	QUENCE OF: AED NJURY OCCUR?	(If In Boltimor uith S JURY OCCU	e City, give e t.	21. AUTC y xoct location)	PSY? (Yes or No)
(This does in heart foilure injury or cor injury injury (APPROX.) 5-23.	LEADING TO not mean the , osthenia, etc. nplication whice NTECEDENT (DOR CONDITION ABOVE CAL NG CONDITION IFICANT CON ATH BUT NOT CONDITION FOPERATION NAL CAUSE V USE OF DEA! (Month) (Do 14-70 ify that I he red from: No USE USE IFICANT INTERPORT INTERPORT	DEATH mode of dyi II meons the theoused deo CAUSES DNS, IF ANY, SSE (A) STATI ON LAST. II DITIONS CO RELATED TO O GIVEN IN PA 1208. CON MAS RIB- III. about	ONTRIBUTINE TERMINATION (Hour 12A.	(A) IMMEDIATE DUE TO, OR (B) DUE TO, OR (C) ING ING INAL FOR WHICH OPERATION W 22B. PLACE OF INJURY (e.g., offi apt, bldg AT V WHILE AT X NO WORK X AT V	AS A CONSECTION OF THE PROPERTY OF THE PROPERT	QUENCE OF: QUENCE	(If In Bollimor uith S JURY OCCU thrown his basis, Undetermin EXAMINER	e City, give e t	21. AUTO y xacilocation) £ windo	PSY? (Yes or No.



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

	0	BALTIMORE CITY	HEALTH DEPARTMENT		120
B	$\frac{3}{80}$ 70 48	68 CERTIFICA	TE OF DEATH	REG. NO.	70 4868
	NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
	PLACE IN BALTIMORE MARYLAND, WHERE P		910,		1 9:10 Pm
			No STATE B. COUN	11 /	tion: residence belore admission)
	ULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	out, con	706
1	22 JOHNS HOPKINS		BALDMORE		S NO
	330000		E. STREET AND NUMBER	· A 0	
5.	SEX 6. RACE 7. MAN	RIED NEVER MARRIED	B. DATE OF BIRTH		
	M N	WED DIVORCED		9. AGE (In years If Me	Under 1 Yr. It Under 24 Hrs. Ponths Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of work 10B, KIN		11. BIRTHPLACE (Stote or forei	gn_country) 12	CITIZEN OF WHAT COUNTRY?
IL	Lator		Gently 1	6	1111
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE 1	N. K. M.
1.5	Wesley Gordma	n e	Julia s	ausku	
(7)	Was Deceased Ever in U.S. Armed Forces?	ice) 16. SOCIAL SECURITY NO.	17 NEORMANT	G	ADDRESS
_	18. 4 22 01	CAUSE OF SEAT	Lorley for	amou ~	Samo
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	10		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	SE Cardio polymo	farcet.	Mhous
	This does not mean the made of dying, heart failure, osthenia, etc. It means the dis-	0.0	CONSEQUENCE OF:)	*****
	injury or complication which coused death.) ANTECEDENT CAUSES	CHCI	Patrones and its	MI	14
	DISEASES OR CONDITIONS, if any, of	ving (8) DUE TO, OR AS	A CONSEQUENCE OF:	14.17	
	rise to the above cause (A) stating UNDERLYING CONDITION tast.	the			
	ll .	(c)	***************************************		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI	NG			
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	20A. AUTOPSY? (Yes or No)	208 IE VEC WERE SINON	NGC CONCIDENCE
ERTIFIC	WAS PERFORMED		Yes	208, IF YES, WERE FINDS IN CERTIFYING CAUSES	OF DEATH?
CAL CE	21 A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, larm, factory, street, off etc.)	or obout 21 C. WHERE DID	(I) In Boltimore City	r, give exact location)
03	21D-TIME (Month) (Doy) (Year) (Hour)	21 E INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
×	(APPROX.)	While At Not While At Work			
	22. I certify that (1) (this hospital) attend	ed the deceosed from	576/10 1	10 to 514	19
	that (1) (we) lost sow the deceased alive	- 110	19and the		death occurred on the date
	ond hour and from the couses stated above	e. (1) (We) (did) (did not) vi	ew the body after death.		
	Tyns m	MO Atten	ding Med. S		DATE SIGNED
	23 C. PHYSICIAN'S	DEGREE Phys.	Director L. P	hys.	5/0/10
	NAME (Type) THOMAS DIW		DOTAL HOPINS	Margari	
24/	A BURIAL CREMATION, 248. DATE 24	C. NAME OF CEMETERY OF CREA			wn, or county) (State)
1	Brial 5-11-2	mt asheru	Cont 1.	Bult	ml
25/		ME OF REGISTRAR	25C FUNERAL DIRECTOR	in i	ADDRESS
	HIGH LI MIN AND AND AND AND AND AND AND AND AND AN	ey Mile, O O O	Colley Militel	20101/3c	unly he
A 9	150-REV. 1/1/6B		4		

2787 Tivoly Ave.

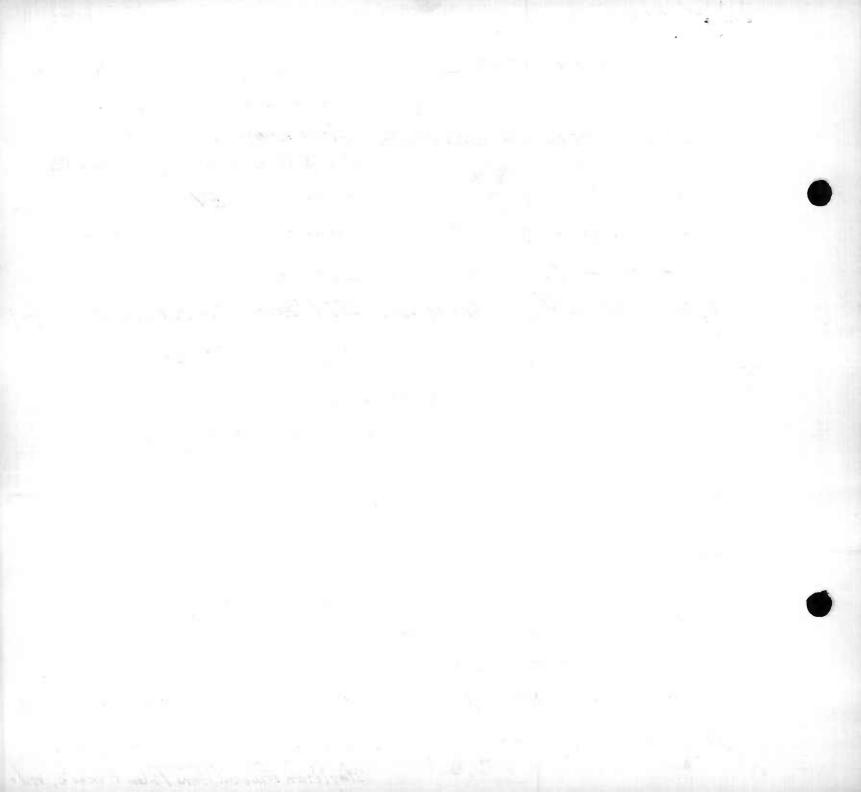
FUNERAL DIRECTOR: IMPORTANT
This certificate must be exproved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decwas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance or deceased prior to death); and (6) No physician was in regular attendance or
Written approval must be obtained before the remains are embalmed of final disposition is made.

J-520 70 4869 BIRTH NO. 70 - 05463)	TE OF DEATH	REG. NO.	70 4869
1. NAME OF DECEASED (Type or Print)	3U BOU	2. DATE ANI	HOUR OF DEATH	13.5 1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If inst	titution: residence before admission)
FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)		C. CILY OR TOWN E. STREET AND NUMBER	D. INSID	VES NO NO
TO ACOP		13/1 WX	~ 1/4/	CHILLIA ST.
M WIDOW		3/30/70	The state of the s	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or (oreig	n country)	12. CITIZEN OF WHAT COUNTRY?
		MORYLAN		1 DSA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
Henry Owens		MARIA	JAMES	/
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	7.7.7.0	ADDRESS
nu	JEGORIII NO.	mayo Over	210	land
18.4.31.91	CAUSE OF DEAT	H)	~	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		1 00 0 -	2 - 2 - 2 2 4	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	(A)IMMEDIATE CAL		EREBERA	- 30 MIN.
heart failure, asthenia, etc. 1(means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	10RKHAG	LE .
injury or camplication which caused death.)		34		
ANTECEDENT CAUSES	(8)			***********
DISEASES OR CONDITIONS, il any, gi- rise lo the abave cause (A) stoting	the	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(c)	********************************	*****	*********
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	NG NAL			
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F	***************************************	20A. AUTOPSY? (Yes or No)	208 IF YES WERE FIR	NDINGS CONSIDERED
WAS PERFORMED		VES	IN CERTIFYING CAU	SES OF DEATH?
	21B. PLACE OF INJURY (e.g., i home, form, (octory, street, of elc.)	a ot about 21 C. WHERE DID	(IC In Bollimore	City, give exoct location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)	While At Not While Work At Work	• 🗆		
22. I certify that (I) (this hospital) attended	47	120 10	10. 51	2 10/10
that (1) (we) last sow the deceased olive	1 1 1	19 10 and that	In(my) (our) objet	on death occurred on the date
and hour and from the courses stated above		,	tool obtin	on godin occurred on the gdie
23A/SIGNATURE	. Color (Gla Hot) V	ion the budy diter dedit.	l2	23B, DATE SIGNED
Wend - the Telmon		nding Med. S.	Naff A	5/3
28C. PHYSICIAN'S	Droner .	23D. ADDRESS	nys. —	
JOHN S. TONATON	SKI	33 S CP	FENE	OF BOUTD MD
24A. BURIAL CREMATION, 24B. DATE 240	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	town, or county) / - (Starte)
Burual 5-9-70	not Pales	Pa L	Broto	m. (0120,
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ryce	ADDRESS
MAY 11 1970 Pobe 6 8 20 0	TARAU U O F	405	Wil == 14.	a Butte Ano.
VS 150-REV. 1/1/68), · · · · · · · · · · · · · · · · · · ·		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	UVI PER SULL



	-653 RTH NO.		487	70		HEALTH DEPART		× REG. NO	70	4870
	NAME OF DECEASE	XXXXXXXX	DOE F	RANCES	М	2		D HOUR OF DEATH		2:35AM
3	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					4. USUAL RESIDE		re deceased lived, if in	nstitution; res	idence before odmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				MARYLA		Anne	Arund	el 5200	
	NSTITUTION			TAL IS AVENU		C. CITY OR TOWN	-	D. INS	YES T	NO 📉
	70	CATON & W BALTIMORE			229	E. STREET AND I	NUMBER	LD ROAD	163	NO [-]
5.	The second secon	WHITE	7. MARRIE WIDOWE	D NEVER MA		8. DATE OF BIRTH		9. AGE (In yours lost birthday)	II Under Months: E	1 Yr. 11 Under 24 His. Doys Hours Min.
10	A. USUAL OCCUPAT	ION (Give kind of work			ORCED	11. BIRTHPLACE (S		ign country)	112. CITIZE	N OF WHAT COUNTRY?
	SALESLAD		DEPA	RTMENT	STORE	1				USA
11	FATHER'S NAME	2011511				14. MOTHER'S MA				
11.	ARLES E G					LURLEN	E WAY	rson		
(Y	Nos Deceosed Ever os, no or unknown) (If y NO	es, give war or doto:	est of sorvice	213 36	N9 2383	ST AGNE	S HOS	SPITAL BAL		21229
	DISEASE OF	CONDITION DIR	ECTLY	CAUSE	OF DEAT	01		C11	BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
	(This does not m	DING TO DEATH	dving. e.		EDIATE CAU		nacy	Cmpoluso		
	heart failure, asthe	enia, etc. It means lion which caused	the diseas	e,	Do MAS	A CONSEQUENCE O	F: (ATM.		
		CEDENT CAUSES		(R)	Per	iealy	itia			
	rise to the ab	ONDITIONS, if a	iny, givin sloling th	g DUE	TO, OR AS	A CONSEQUENCE	OF:		***********	
	UNDERLYING CO	NDITION last.		(C)	11 -		********			
ATION	OTHER SIGNIFICAN TO THE DEATH BUT DISEASE OF COND	II T CONDITIONS CON T NOT RELATED TO TH TION GIVEN IN PART	E TERMINAL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		وومودي د د د د د د د د د د د د د د د د د د	************			
ERTIFIC	19A. DATE OF OPER	NATION 198 CONE	ITION FOR	WHICH OPERA	TION	20A. AUTOPSY?	(Yes or No.	208. IF YES, WERE IN CERTIFYING CA	FINDINGS C	ONSIDERED ATH?
CALC	21A. ACCIDENT W.	CAUSE OF	ho	B. PLACE OF th.	IURY (e.g., ir r, street, oli	or about 21 C. WHE	RE DID CCUR?	(If In Boltimor	City, give	exact location)
MEDI	21 D. TIME (Mor	nth) (Doy) (Yeor)		E INJURY OCC			DID INJU	JRY OCCUR?		
	(APPROX.)		W	/hile At D	At Work					
	that (1) (we) last	(1) (this hospital)			from	19 70			Y 9	19
	. /	the causes state			XXXX		and the	it in (my) (our) opti	iton death	occurred on the date
	23A: SIGNATURE	AMS	lall	Shin	Affer	nding Med.		Shaff 7	23 B. DATE	SIGNED
	23C PHYSICIAN'S NAME (Type)	D. XI		LAh	Phys.	3D. ADDRESS ST AGNES		PHYS. CH	G MD	21229
24	A. BURIAL CREMATIC	ON, 248, DATE	24C.1	NAME OF CEMET	DEGREE ERY of CRE/		11001		y, town, or c	
11—	Burial	5/12/7	D Lo	rraine P	ark C	emetery	Ва	altimore, M		
25.	MAY 11 197	O Cobert E	Jane Valle	OF REGISTRAR	13 6	Sinale to		neral Home/		
VS	150-REV. 1/1/6B									

Solvet Peware



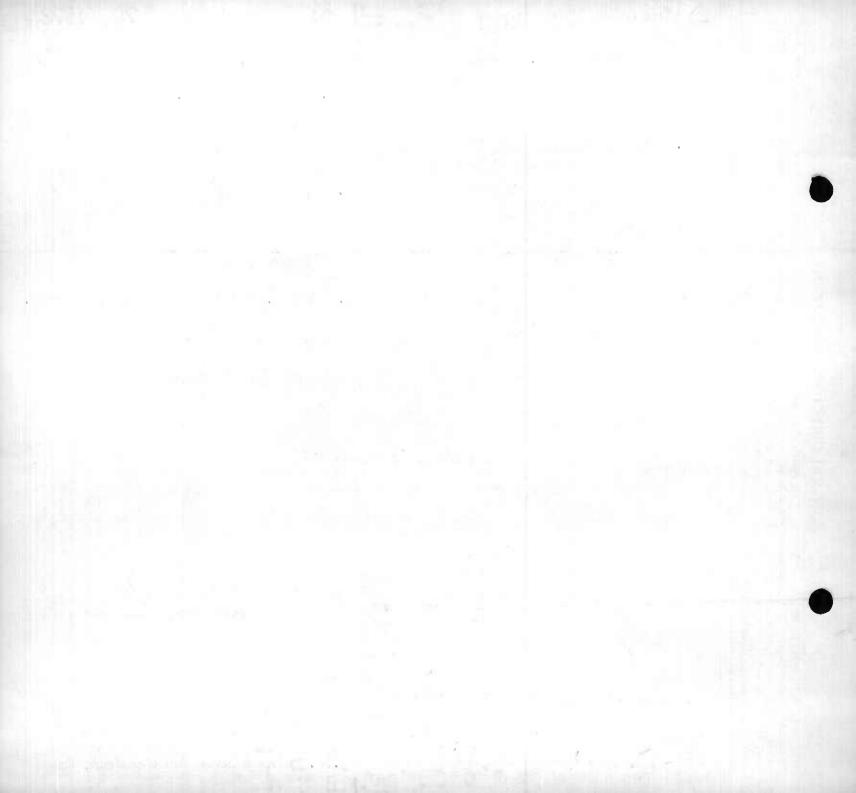
was D.O.A. at a hospital (except where the physician who pronounced death was deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are shows: (1) An accident of any nature; (2) Body burns; (3) A

VS 150-REV. 1/1/65

FUNERAL DIRECTOR:

70	4872 CERTIFICA	TE OF DEATH	Registered No	70 4872
ED	. Jones	2. DATE A	8, 1970	7 30/A M
IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Who		stitution: residence before admission)
(If not in hospital oddress or location	or institution, give street	c. city or town (11 or Reisterstown		URAL ond give township)
Hospital		D. STREET ADDRESS (16)	rurol, give location)	
White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WLOWED	B. DATE OF BIRTH Feb. 24, 1903	9. AGE (In years lost binhdoy)	(f Under 1 Yr. (f Under 24 Hrs. Months Doys Hours Min.
TION (Give kind of work king life, even if retired)	10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
6.1		14. MOTHER'S MAIDEN NA	ME	
Schweder		Carrie S	chap	
er in U. S. Armed For yes, give wor or dote	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	At t	ADDRESS
	34/=42=052/	Mrs. Diana J.	Nottingham	Reisterstown Md.
OR CONDITION DIR	ECTLY GALLSE O	to Tryocard	tiol Infant	interval Between onset and Death Rous
meon the mode of henio, etc. It meons totion which coused	dying, e.g., DUE TO the disease,	0 - 11	· + 0.200	
ECEDENT CAUSES	(B) arte	isclute U	an Doen	genes
CONDITIONS, if obove couse (A) ONDITION lost.				
ANT CONDITIONS C H BUT NOT RELA NDITION CAUSING I	ONTRIBUTING Hype For	Wiscotts Melli	dus	sev. years
	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N		
WAS UNDERLYING COURSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)		(If in Baltimore	City, give exact location)
Aonth) (Doy) (Yeor)	While At Not While		JURY OCCUR?	
et (1) (this bosnital) attended the deceased from	6/29	1067.	e/0 10)0
at sow the decease	d olive on 4/4/2	E 19 0 and th	hot in (my) (my) coir	lan death accurred on the date
	ed above. (1) (Was) (did) (did not)			
cof the	illy M.D. Atte	ending Med. s. Director	Stoff Phys.	5-8-70
MAX	MICCER M.D.	23D. ADDRESS 104) I	igtes, dea	Resulting The
May 11	,70 Glen Oak Cemer			JUinois (Stote)
10 John E	259 NAME OF REGISTRAR	J. F. Eline	& Sons Rei	Illinois ADDRESS sterstown, Md
1		4858		

BALTIMORE CITY HEALTH DEPARTMENT



G-640 70 4873 BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO.	ATE OF DEATH X REG. NO. 70 4873
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 35 Church Home & Hospital	C. CITY OR TOWN BALTIMORE E. STREET AND NUMBER COUNTY BALTIMORE YES NO NO
5. SEX 6. RACE 7. SAADDIED VALUE 14. DOLLED	8. DATE OF BIRTH 19. AGE IIn years I If Under 1 Ye. If Under 24 Her.
M WIDOWED DIVORCED	7-16-93 lost birthdoy 76 Manths Day's Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) CLERK SOLIAL SECURITY	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? MARYCAND USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM GRANC	ANNA LASSAHN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO 218-09-4693-A	RUTH GRAUL SAME
18.4/2,41 CAUSE OF DEAT	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	SUPDEN
injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	USE CARDIAC ASYSTOLE A CONSEQUENCE OF: D = infractable ventricula S A CONSEQUENCE OF: Afrasyptoler
▼ [DISEASE OR CONDITION GIVEN IN PART 1 (A).	UE PREUNORIA E prob. Hiscory
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY le.g., or CONTRIBUTING CAUSE OF DEATH Inally medical examined	in of about 21%. WHERE DID office bldg., INJURY OCCUR? (If In Boltimare City, give exect lacetian)
21D-TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED White At Work At Work	21F. HOW DID INJURY OCCUR?
22. I certify that (I) (this hospital) attended the deceased from	april 11 19 70 to may 5 19 70
that (1) (we) last saw the deceased alive an Pray 5	19 70 and that in (my) (aur) apinion death accurred on the date
and have and from the causes stated above. (1) (We) (did) (did not)	riew the bady after death.
23A. SIGNATURE Corazon Vergues 4.0. Atte	ending Med. Staff (2)
DEGREE Phy	s. Director Phys.
CORAZON Z. VERGARA, M.D.	Church Home ; Hop. Balt, 24.21231
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRI	
BURIAL 8MAYTO OAK LAWN	EMETERY BALTIMORE Co. MD.
MAY I THAL THE DEPT. E 250 NAME OF REGISTRAR	CEMETERY BALTIMORE CO. MD. 25G. FUNERAL DIRECTOR ADDRESS OLASSAHNESWERAL HOME 7401 BELAIRRO 2123
VS 150-REV, 1/1/68	THE SAMINETONE THE MODEL TO THE LATE (D. 212)



This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

RI) -163 RIH NO. Balto. G. 79md	1871		HEALTH DEPARTMENT	REG. NO	70 4874
111.	NAME OF DECEASED	10/4			ND HOUR OF DEATH	
	pe or Print) DEREK BR	VCE OB	BERDORFER	MAY	5,1970 2	.m. MA 000
FL	PLACE IN BALTIMORE MARYLAND, W UNTY- OF MARY LAND JLL NAME OF OSPITAL OR ADDRESS OR LOCK	UNCED DEAD	IN SINIE	re deceased livade If ins	stitution: residence befara admissian)	
IN	STITUTION	A II OIN		C. CITY OR TOWN		DE CITY LIMITS?
	9 -1			E, STREET AND NUMBER	ک ا	YES NO
	38				Jeky Ave	
5.	SEX 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	M	WIDOWED	DIVORCED	1 1 an. 5, 14 10	last birthday)	Manihs Days Haurs Min.
t0/	A. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
	infant		1.00	Balto, Md.		USA
13.	FATHER'S NAME	^		14. MOTHER'S MAIDEN NA	ME 11	
1	sonald. N. Oberdo	rter		Elizabeth	Li Herick	_
15. (Ye	Was Deceased Ever In U. S. Armed Fare s, no ar unknown! (If yes, give war or date:	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	100		SECORIII NO.	Donald N. Ober	rdorfer 220;	7 Kentucky Ave.
	18.730.21		CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIR	ECTLY		- 1	12 0	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of	dvina e a	(A) IMMEDIATE CAU		1 Feelure	terminal
	heart failure, asthenio, etc. It means injury or camplication which caused	the disease.	DUE TO, OR AS	CONSEQUENCE OF:	0	
	ANTECEDENT CAUSES	dedii.,		alicia d'Itara	111+	70-0
	DISEASES OR CONDITIONS, if	inv. divind	(B) OF AS	CTASIS OF LUNG	, bilai	days
	rise Ia lhe above cause (A) UNDERLYING CONDITION last,	slaling the	(c) ? am	otonia conq	enita	4 mos
_	- 11					
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	E TERMINAL	***************************************			
ERTIFIC	19A-DATE OF OPERATION 198. CONT	DRMED		20A. AUTOPSY? (Yes at No.	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofity medical examined)	21 B. (home etc.)	PLACE OF INJURY (e.g., in a, form, factory, street, off	or about 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If In Baltimore	City, giva exact location)
MEDI	21 D. TIME (Month) (Dayl (Year) OF INJURY (APPROX.)		e At At Work	21F. HOW DID INJU	JRY OCCUR?	
	22. I certify that (I) (this hospital)	1,5 141	- A		9 70 to M	ey 5) 1970
	that (1) (we) last saw the deceased		May 51	100		on death occurred on the date
	and hour and from the causes state	ed above. (1)	(We) (did) (did not) vi			
	23A. SIGNATURE	(1)	/1 I	, 41101 0001110		238, DATE SIGNED
	Stank	1 1970	Atten	ding Med. Director	Staff Phys.	May 5, 1976
	23C. PHYSICIAN'S NAME (Type)	1	DEGREE	D. ADDRESS		
	STANLEY	BRU	الم	UNIV. OF M	D. HOSP.	
24	BURIAL CREMATION, 248. DATE	24C. NA	ME of CEMETERY of CREA			, tawn, ar county) (State)
	Burial 5/7/1-	10 More	eland Memoria	Il Hospital Ba	ltimore, "a	ryland
2S.A		E. Jack	FREGISTRAR	2SC. FUNERAL DIRECTOR	PM	ADDRESS
100				19 (3 ()	, 10- 2-3-	C- = = = = = = = = = = = = = = = = = = =



IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) 2/224 D. INSIDE CITY LIMITS? YES NO If Under 1 Yr. Months! Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (Il In Boltimore City, give exact location) and that In (my) (aur) opinion death accurred on the date Maruland Baltimore It. 3000

STORY OF SURVEY STORY

-				`				
1	4-400 70 4876 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF							
· Si	BIRTH NO. 68-12303	MEDICA	LEXAMI	NER'S C	ERTIFIC	CATE OF		
0	I. NAME OF DECEASED (Type or Print) BOBBIE JOEL HILL					Known Estimoted		
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)					INCED DEAD		
168	3,3 JOHNS HOPKINS HOSPITAL				5. USUAL RE A. STATE	Maryland		
	6. SEX- 7. RACE Negro		RIED NEVER	MARRIED	c. city or Balt:	imore		
		AGE (In years st birthday)	Months, Doys,	Hours Min.		ND NUMBER isquith S		
	11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY?				Bobb	S NAME		
	14A: USUAL OCCUPATION (Give kind done during mast of warking life, even in	d of work 148. KIN frelired)	OF BUSINESS	OR INDUSTRY	15. MOTHER	S MAIDEN NA!		
	16. WAS DECEASED EVER IN U.S (Yes, no ar unknown) (If yes, give war	. ARMED FORCE	S? 17. SOCI	AL RITY NO.	18. INFORM	IANT JIJ		

DEATH REG. NO. 70 Hour Manth Doy Year Havr May 4,1970 12:46 Am deceased lived. If institution; residence before admission) B. COUNTY D. INSIDE CITY LIMITS? YES NO reet CAUSE OF DEATH APPROXIMATE INTERFAL BETWEEN ONSET AND DEATH Multiple Injuries DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This daes not mean the made of dylng, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: **ANTECEDENT CAUSES** (B)_______DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION (c). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes ar No) yes EXTERNAL CAUSE WAS 228. PLACE OF INJURY(e.g., In or about 22C. WHERE DID (If in Boltimare City, give exact location) hame, farm, factory, street, affice bldg., etc.) INJURY OCCUR? UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH. Apt. Building
(Yeor) (Hour) | 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? 22D. TIME (Month) OF INJURY NOT WHILE Subj. was thrown out of window of 11th (APPROX.)5-4-70 WORK floor apt. I certify that I held on Inquiry Inspection Autopsy X and that on this basis, deoth in my opinion resulted from: Notural couses Accident Suicide Homicide X Undetermined manner CHIEF MEDICAL EXAMINER X ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE M.D. 5/4/70 **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Russell S. Fisher, M.D. NAME (Type) eus 24A. BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY or CREMATORY 24D. LOCATION (City tawn, or county (State) REMOVAL (Specify) 25A. BATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 151-REV. 1/1/68

Letter from M. C. in office

K		> 70	487	77. CAL EX	BALTIMORE CITY HEA	ALTH DEPARTMENT CERTIFICATE OF D	EATH REG. NO.	70 4877	
-	H NO.								
	1. NAME OF DECEASED (Type or Print) JAMES E BRAY					2. DATE Known M OF DEATH Estimated M	lanth Day	Year Hour M.	
4. P	LACE IN BALT	IMORE, MAI	RYLAND, WHE	RE PRON	DUNCED DEAD		lonth Day	Year Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)				ON, GIVE STREET	PRONOUNCED DEAD Ma:	y 6, 1970	12:40 P. _{M.}		
1607 St. Paul Street (DOA)				DA)	A STATE Maryland B. COUNTY / 205				
	6. SEX MARRIED NEVER MARRIED WIDOWED DIVORCED					Baltimore	D. INSIDE CIT	YX NO	
9. DATE OF BIRTH April 19, 1916 10. AGE (In years Months Days Hours Min.					nder 1 Yr. II Under 24 Hrs.	E. STREET AND NUMBER 1607 St. Paul Street			
Danville, Virginia 11. BIRTHPLACE (Stote or foreign country) Danville, Virginia 12. CITIZEN OF WHAT COUNTRY?					13. FATHER'S NAME Andrew Jackson Bray				
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) House Painter					15. MOTHER'S MAIDEN NAME Essie Walker				
16. \	WAS DECEASE	D EVER IN L	J.S. ARMED FO	ORCES?	17. SOCIAL	18. INFORMANT	AC	DDRESS	
(Yes,	no or unknown)	(If yes, give w	or or doles of s	ervice)	SECURITY NO.	Mrs.Betty Covil	(Dau.), Wilmi		
1	9.5 7/	1			CAUSE OF DEA	тн		BETWEEN ONSET AND DEATH	
	DISEASE	OR CONDI	TION DIRECTL	Y	Fatty me	etamorphosis of li	ver		
	LEADING TO DEATH				VC1				
Н	heart lallure,	(This does not mean the made of dying, e.g., heart follure, asthenia, etc. it means the disease,							
	injury or com	injury or complication which coused death.)							
П	ANTECEDENT CAUSES (8)								
П	DISEASES C	R CONDITION	DNS, IF ANY, G JSE (A) STATIN	IVING G THE	DUE TO, OR	AS A CONSEQUENCE OF:			
z	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)								
CERTIFICATION	OTHER SIGNI	IFICANT CON	II IDITIONS CON RELATED TO TH	TRIBUTING E TERMINAL					
			GIVEN IN PART		WINCH COLOR ATION W	C DEDECORMED		21. AUTOPSY? (Yes or No)	
2	DATE OF	A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA				45 PERFORMED		(5	
7	2A. EXTERN	A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY(e.g., In				In or obout 22C. WHERE DID (II in	Soltimore City, give exa		
윤	UNDERLYING UTING CAL	OR CONT	TRIB-	home	e, farm, factory, street, offic	e bldg., etc.) INJURY OCCUR?			
	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK AT WORK								
	III. WORK AI WORK								
	1 certify that I held an Inquiry I Inspection (Partial) and that on this basis, death in my opinion								
	result	resulted from: Natural causes Accident Suicide Homicide Undetermined monner							
-		CHIEF MEDICAL EXAMINER DATE SIGNED							
		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X							
						ASSOCIATE MEDICAL EXA	MINER	5/6/70	
REA	BURIAL CREA MOVAL (Specifi BURIA)	AATION, 2	4B. DATE		PROSPECT CEN			, or county) (State) RTH CAROLINA	

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 3/1/68

HYSONG FUNERAL HOME, 1300-N ST.NW. Wash.DC

ADDRESS

25C. FUNERAL DIRECTOR

Total Line Milwally officeran Total temperature · On a construction of the MALAN MARKET TO THE STATE OF TH

IMPORTANT

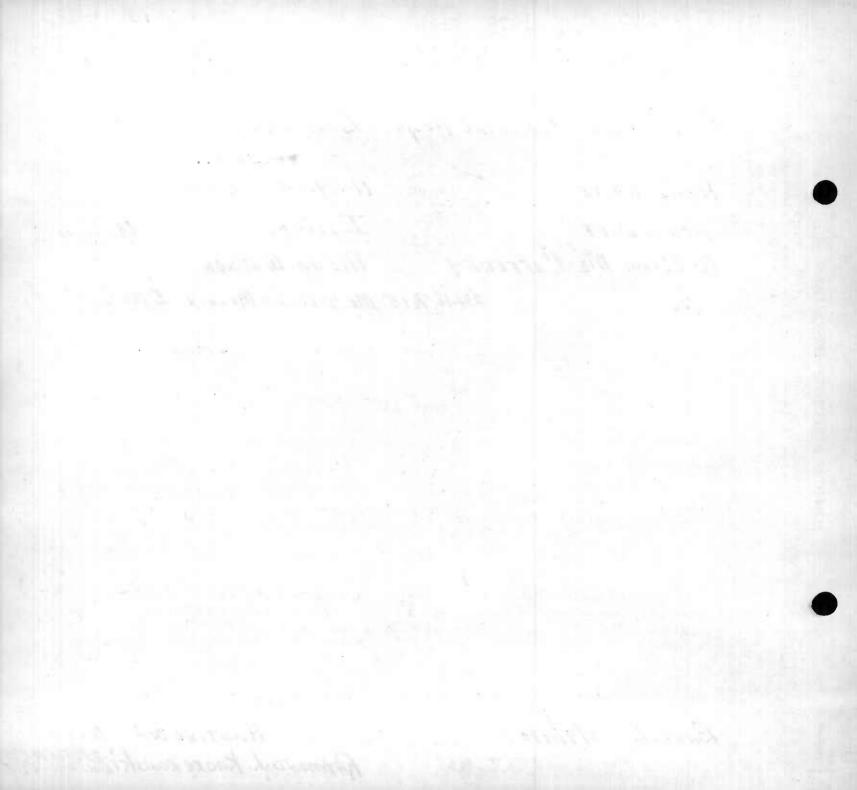
FUNERAL DIRECTORS

BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

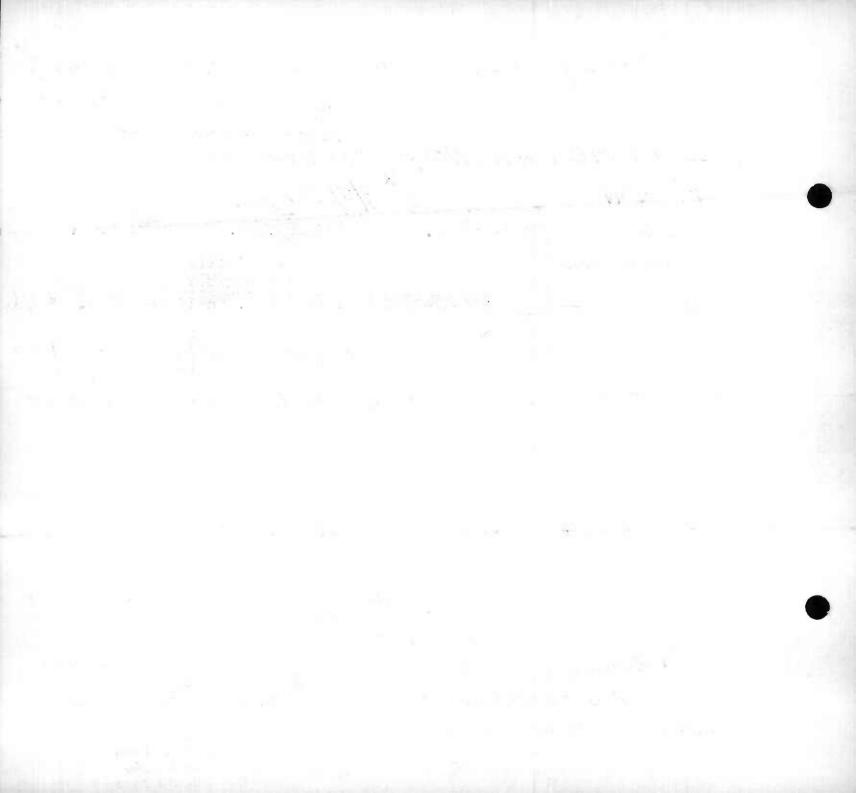
If Under 24 Hrs.



0 ,	20)		BALTIMORE CIT	HEALTH DEPA	ARTMENT		17/0	4879
C-Go	(O 70	4870	CERTIFICA	TE OF D	EATH	REG. NO	70	4070
INAME OF DEC	EASED	3070	,		2. DATE AND	HOUR OF DEATH		
Type or Print)	INCEN	ZA	CORSO		Mari	9/70	1	2000
			ONOUNCED DEAD	4. USUAL RES	IDENCE (Where	deceosed lived. Il	institution: resi	dence before odmission
				A. STATE	B. COUNT		40 =	1200
FULL NAME OF HOSPITAL OR	(IF NOT IN ADDRESS O	HOSPITAL OR IN	ISTITUTION, GIVE STREET			BALTIMO		1301
NOITUTION				C. CITY OR TO		D. IN	SIDE CITY LIM	
LINIOI	U MEMO	RIAL	40SPITAL	E. STREET AN	MORE		YES 🛃	NO
44						IBE AVE	:	
. SEX	6. RACE	7- MARI	RIED NEVER MARRIED	8. DATE OF BI		. AGE (In years	If Under I	Yr. Il Under 24 Hr
F	WHITE		WED DIVORCED	11-29-	-89	80		
A. USUAL OCC	UPATION (Give kin	of work 108, KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (Stote or foreig	n country!	12. CITIZE	N OF WHAT COUNTS
tous El	working life, even if	refired)		ITAL	,		1200	2' /
3. FATHER'S NA				1/ALY	MAIDEN NAM		2101	U. 3, 1A
LEO	OCELL			ROSA	RIO L	APARI		
S. Was Deceased	Ever in U. S. An Of yes, give wor	med Forces?	cel SECURITY NO.	17. INFORMAN	T	-	02 00	DDRESS
No	Jan ground		JECOKIII NO.	ROSE	PETO	USKAS A	115 . D	ACTO. MD.
18. 1 /	0 10 .		CAUSE OF DEAT		-1270	- Jens A		APPROXIMATE INTERVAL
7 / 6	31 7		ONOUE OF DEAT	••				TWEEN ONSET AND DEAT
DISEA	SE OR CONDITI			Myon	100/4	UITAGE		
(This does	nal mean the m					- INFARC	110N	
heart failure,	asthenia, etc. It	means the disc	ase, DUE 10, OK AS	A CONSEQUENC	E OF:		- 1	
injury or car	aplication which	caused death.				*		
	ANTECEDENT C	AUSES	(B) CORON	IARY V.	ASCULA	R DISEA	SE	
DISEASES (OR CONDITION	S, if any, gi		A CONSEQUEN	CE OF:			
	e obave cause S CONDITION I		the ARTEI	2105CLZ	EROSIS			
UNDERLIN	3 CONDITION I	ust,	(C)					
z	11							
	FICANT CONDITIÓ TH' BUT NOT RELAT							
C DISEASE OR C	ONDITION GIVEN	IN PART 1 (A).	/00/2004	1044		101		
DATE OF	OPERATION W	AS PERFORMED	OR WHICH OPERATION	4.3	SY? (Yes or No)	20B. IF YES, WERE		
67					≠ NO			
OR CONTRIB	TING CAUSE	YING [21B, PLACE OF INJURY (e.g., hame, form, factory, street, c	n or obout 21 C. V	WHERE DID	(II In Boltime	ore City, give	exoct location)
DEATH (notify	medical examine)	etc.)					
21D. TIME	(Manth) (Doyl	(Yeorl (Haud)	21 E INJURY OCCURRED	21 F. H	ULNI DID WOI	RY OCCUR?		
S OL MADOKI			While At Not Whi	• 🗖				
(APPROX.)			110K — 21 110K	_				
22. I certify	that (1) (this he	spital) attend	ed the deceosed from A	PRIL F	1	70 to A	OPIL	9 1970
			on APRIL 9	19 70	and the	t in(my) (our) or	inlon deoth	occurred on the da
						(), (00.) 01		
		es stated abay	e. (1) (We) (did) (did nat)	lew the body	offer death.		200 2 4 7 7	
23A. SIGNATU	- 0	. 00		anding 🗀 .	Mad	the fit is a second	23B. DATE	
1	Den	i Sh	L MID AH	ending [Med. Olrector	hys. 🔄	0 -	9-70
PHYSICIA NAME (1	N'S		•	23D. ADDRESS	,			
TAME !!	YU,	541 6	IT MD	UNION	MEMORIA	2 HOSPITAL	Bn/	TIMORE M
4A. BURIAL COF			DEGREE					
REMOVAL	MATION, 248. D Specifyl	/ 24	C. NAME OF CEMETERY OF CR	MAIOKI	24D. LO	WATER TO	City, town, or	countyl (Stote)
Parkin	1 5/1	2/70	Hotel Nodeo	1101	X9.	1/10	11110	1.
SA. DATE REC'D	BY HEALTH DEP	T- 258. NA	ME OF REGISTRAR	25C. FUNER	AL DIRECTOR	7	1	ADDRESS-
MAY 1 9	1971 7.0	BE Jal		12101	60 /80/1	01/200	77 N	/ Liel
'S 150-REV. 1/1/				1 CARRY	A CONTRACT	MOCK 7	C C -10	Madrid

227 2 COSTAGE the same and the same of the same and the sa

-600 70 4000	Y HEALTH DEPARTMENT	70	4880
Dikiti 140,	ATE OF DEATH	REG. NO. /U	4000
TYPE OF PRINT CAREV, HELEN.		OUR OF DEATH	12 25 1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where de	ceosed lived. If institutions r	esidence before odmission
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STATE B. COUNTY	23	1608
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN	D. INSIDE CITY L	IMITS?
79 11-	E. STREET AND NUMBER	ORE YES	NO []
LUIMEYAN-HOSP.	3709 Harlem A		
6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	S. DATE OF BIRTH 9. A last	GE (In yoors If Under Manths	Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	IV BIRTHPLACE (Stole or foreign o	ountry) 12, CITI	ZEN OF WHAT COUNTRY
Clerk State of Md.	Baltimore, Md	U.	S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Thomas Carey	Elizabeth O'		
15. Was Doceased Ever in U. S. Armed Farces? (Yas, no or unknown) Uf yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT 1105 Ha	rwell Road	ADDRESS
No - 216-07-3302	Mrs. Evelyn B.	Conelius+ Bo	alto,21207M
18. CAUSE OF DEA	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Con and in a	2- 4- 2- 2	4.1971
(A) IMMEDIATE CA	A CONSEQUENCE OF:	eart filline	7.7.7.7
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			, la
ANTECEDENT CAUSES	oscleratic hear	+ disease	5.8.70
DISEASES OR CONDITIONS, it any, giving nise la like above cause (A) stating the	A CONSEQUENCE OF:		************************
UNDERLYING CONDITION last. (C)	P opulation 		
7			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	[20 A. AUTOPSY? (Yes or No)] 20	& IF YES, WERE EINDINGS	CONSIDERED
WAS PERFORMED	NO IN	E IF YES, WERE FINDINGS CERTIFYING CAUSES OF I	DEATH?
U 21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY I e.g., hame, form, factory, street, celc.)	n or about 21 C. WHERE DID	(If In Boltimore City, give	e exocl locotion)
Q 21D-TIME Month) Doy) (Year) Hour 21E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
OF INJURY (APPROX.) While At Not Whi Work At Work	•	1	
		1 0 to 5 · 8	10 10 0
that (i) (y6) lost saw the deceased alive on 5.	₩ ^	(my) (oyr) opinion deat	
and haur and from the causes stated above. (1) (1/6) (did) (did hat)	4	(my) (oyi) opimon dedi	in decoited dit the adi
23A. SIGNATURE	Town the body dilet double	23 B, DAT	E SIGNED
1. Kansman. M.D DEGREE Phy	mding Med. Stoff Director Phys.	W 5	8.70
23C. PHYSICIAN'S NAME (Typol	23D. ADDRESS Rulker		
F. G. NAIVES WARAN M.D.	730 Ashbu	utun st-	Ballo
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR			
	Cemetery Balti		
25A DATE REC'D BY HEALTH DEPT. 25B NAME OF REGISTRAR		teding Duneval Esta 36 Edmondson Ave	
VS 150-DEV 1/1/40	1 1 0 0 0	atomothe MI pros	



A SECULIAR STREET OF STREET ASSESSMENT

J-522 70 4882 BIRTH NO.		TE OF DEATH REG. NO.	70 4882
1, NAME OF DECEASED (Type or Print) JONCAS, KAZYS		2. DATE AND HOUR OF DEA	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		MAY 10 ,197	
FULL NAME OF HOSPITAL OR INSTITUTION ST AGNES HOSPITAL WILKENS & CATON AVE		A. STATE B. COUNTY MARYLAND C. CITY OR TOWN BALT I MORE E. STREET AND NUMBER	I institution: residence befare admission
BALTIMORE MD 21229		839 HOLLINS STREET	
MALE WHITE WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (in years tost birthday)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working lile, even if refired) MEAT PACKER MEAT P	SINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	00017	14. MOTHER'S MAIDEN NAME	
JOSEPH JONCAS		MARIE (UNKNOWN)	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknawn) (If yes, give war or dates of service)	SOCIAL	17. INFORMANT	ADDRESS ON AVE
	12 30 101	ST AGNES HOSP RECO	
18. 22	CAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		PNFIMONIA	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	SE .	1-3 days
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO, OR AS A	A CONSEQUENCE OF:	**************************************
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if ony, giving tise to the obove cause (A) stating the UNDERLYING CONDITION last.	(c) DUE TO, OR AS	A CONSEQUENCE OF: ENCO-VASILLAR ACKID.	ENT NOT ESTA BLISHES
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		TE GASTRITIS	PET EST4. BLISHES
WAS PERFORMED	H OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, for etc.)	CE OF INJURY (e.g., in rm, factory, street, offi	or about 21 C. WHERE DID (If In Baltimice bidg., INJURY OCCUR?	ore City, give exoct lacation)
	URY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At	Not While		
22. I certify that (A) (this hospital) attended the de		PRIL 27 19 70 MZ	AY 10 19 70
that (1) (we) last saw the deceased alive on MA	Y 10	19 70ond that in (my) (aur) or	pinion deoth occurred on the date
ond hour and from the couses stated above. (1) (We	o) (did) (did nat) vi	ew the body ofter death.	doom occorred on the dore
23A. SIGNATURE	200		23 B, DATE SIGNED
Theyans	DEGREE Phys.	ding Med. Staff Phys.	MAY 10.1970
23C. PHYSICIAN'S NAME (Type) JUL, & FREID	AKES, S.D	ST AGNES HOSP WILKENS	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME (REMOVAL (Specify)	of CEMETERY of CREA	1 A TONY	ity, town, or county) (State)
Durial 5/14/70 how	Cathedra	1	alterine hed.
MAY 1 2 1970 Paber & Jaber M.	0000	259 FUNERAL DIRECTOR AMPS LO CRUAN OS SON &	loc 90 press ollers

1 112-	2	1000		HEALTH DEPARTM	ENT	200
V - 453 BIRTH NO.		4883	CERTIFICA	TE OF DEA		1000
(Type or Print)	Anna Bertha	Voll	enweider	5	pate and hour of dea $5/8/70$	6:45A .M.
3. PLACE IN BA	LTIMORE, MARYLAND, WH	IERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	CE Where deceased lived. B. COUNTY	If institution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCAT	L OR INSTIT	UTION, GIVE STREET	Maryland c. CITY OR TOWN		INSIDE CITY LIMITS?
00	2806 Christ	opher	Ave.	E. STREET AND NU	MBER	YES X NO
					ristopher Av	
S. SEX		· MARRIED	X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
Female	White	WIDOWED	DIVORCED _	1/31/01	69	
	UPATION (Give kind of work) working life, even if retired)	OB. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE Stot	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	sewife	Ho	me	Germany		U.S.A.
13. FATHER'S NA				14. MOTHER'S MAIL	DEN NAME	
	t Juengst			Caroline	e (Unknown)	
	d Ever in U. S. Armed Force		1 6. SOCIAL SECURITY NO.	17. INFORM ANT		ADDRESS Ave.
No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		217-07-2500	Henry E.	Vollenweide	er-2806 Christopher
18.25	SE OR CONDITION DIRE	CTLY	CAUSE OF DEATH	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
heart failure,	LEADING TO DEATH not mean the mode of a asthenio, etc. It means to application which caused a	he disease,	(A)IMMEDIATE CAU		Jean De	I Idena TRANSTANSEL
,.,	ANTECEDENT CAUSES		To the	The state of the s	de ne Te	
DISTASES			(8)	server)	Agreniess	-0-7
rise to th	OR CONDITIONS, if and the above couse (A) : G CONDITION last.		Q.	a consequence of	-	
	11		(C)			
TO THE DEA	FICANT CONDITIONS CON TH BUT NOT RELATED TO THI	ETERMINAL				
	F OPERATION 198 COND		WHICH OPERATION	20A. AUTOPSY? (Ye	es or No. 20B. IF YES. WI	ERE FINDINGS CONSIDERED
19A. DATE O	WAS PERFO	DRMED		No	IN CERTIFYING	CAUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF	21E hon etc.	B. PLACE OF INJURY (e.g., il ne, form, foctory, street, of	n or about 21 C. WHERE fice bldg., INJURY OC	DID (If in Balt	imore City, give exact location
21D. TIME	(Month) (Doy) (Year)	(Hous) 21 F	. INJURY OCCURRED	21F HOW	DID INJURY OCCUR?	
S OF INJURY			nite At Not While		DID INJURI OCCUR.	
IAPPROX.)		Wo				1
22. I certify	that (1) (this hospital)	attended t	he deceased from	Jan.	19 61 ta	5/8, 19/0,
	lost sow the deceased		574	1970		apinion death occurred on the date
23A. SIGNAT	d fram the causes state	d above. (I) (We) (did) (did not) v	iew the bady offer	deoth.	land DATE ALCHED
23A. SIGNAT	1 -1		Aug	ading ESS Abod	- N-42	23 B. DATE SIGNED
	Nolhon to	en	OE GREE Phys	nding Med. Directo	or Staff Phys.	5/8/70
23 C. PHYSICIA	Type)			7101 Harf	ford Rd	
Natha	an Janney, M	.D.	AME of CEMETERY OF CRE			(City town or count)
REMOVAL	(Specify)				24D. LOCATION	(City, town, or county) (Stote)
Buria.			eland Memor:		Baltimore	Maryland
MAY12	1970 Robert E.		OF REGISTRAR	Robert C	Altenburg	Funeral Home Inc. Balto. Md. 21214
VS 150-REV. 1/1/	68		-	100 /10	€	

THE RESIDENCE OF THE PARTY OF T The state of the s DIRECTOR:

FUNERAL

V\$ 150-REV.



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

NO

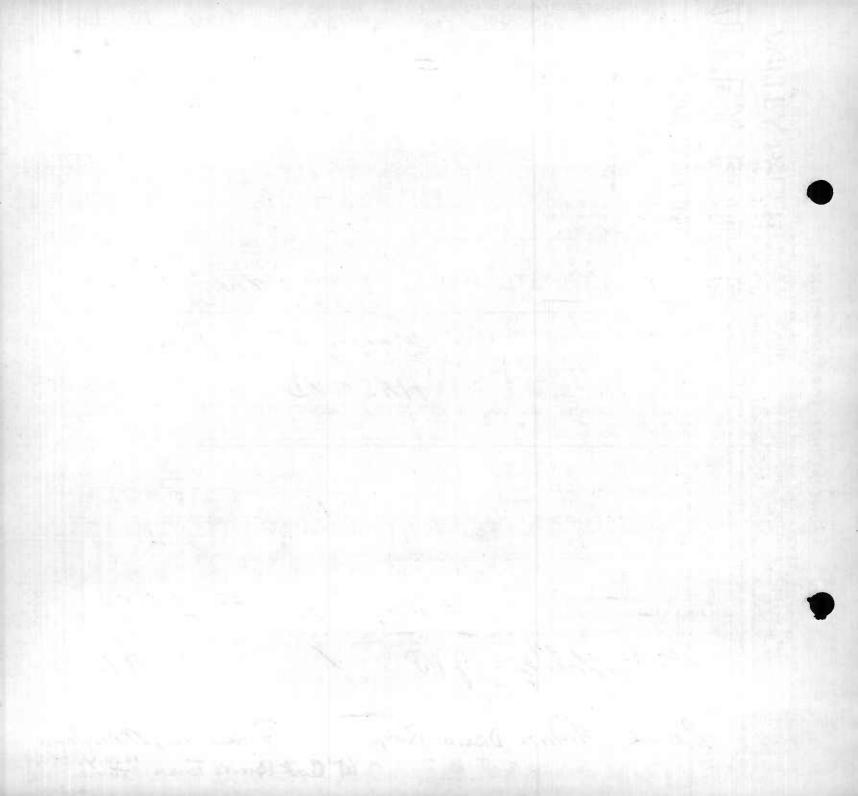
ADDRESS

BETWEEN ONSET AND DEATH

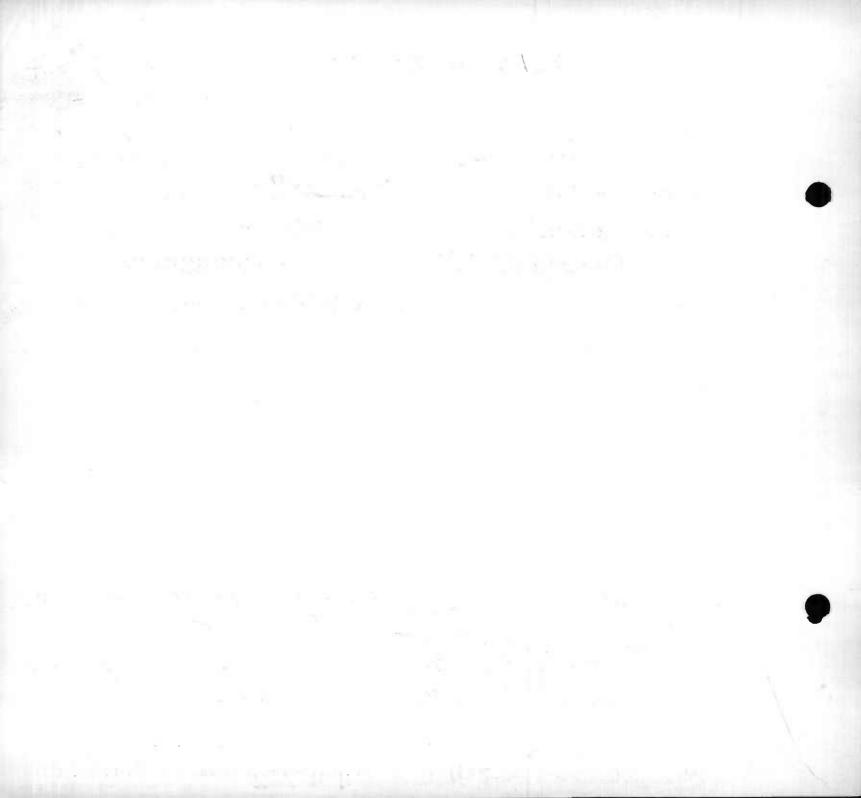
(Stote)

21204

4501



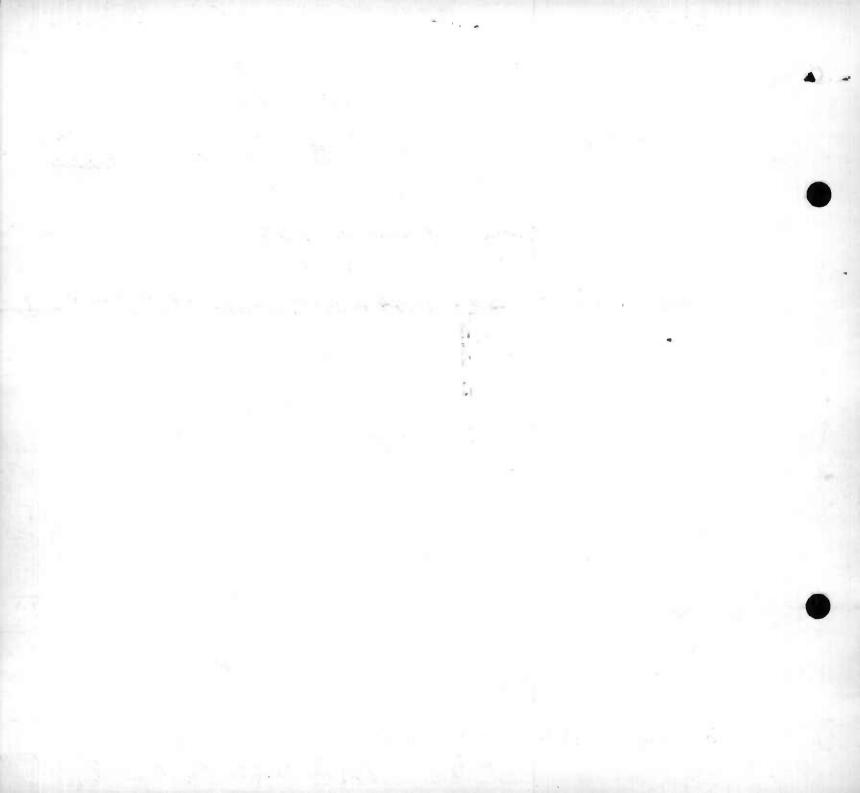
FUNERAL DIRECTOR: IMPORTANT





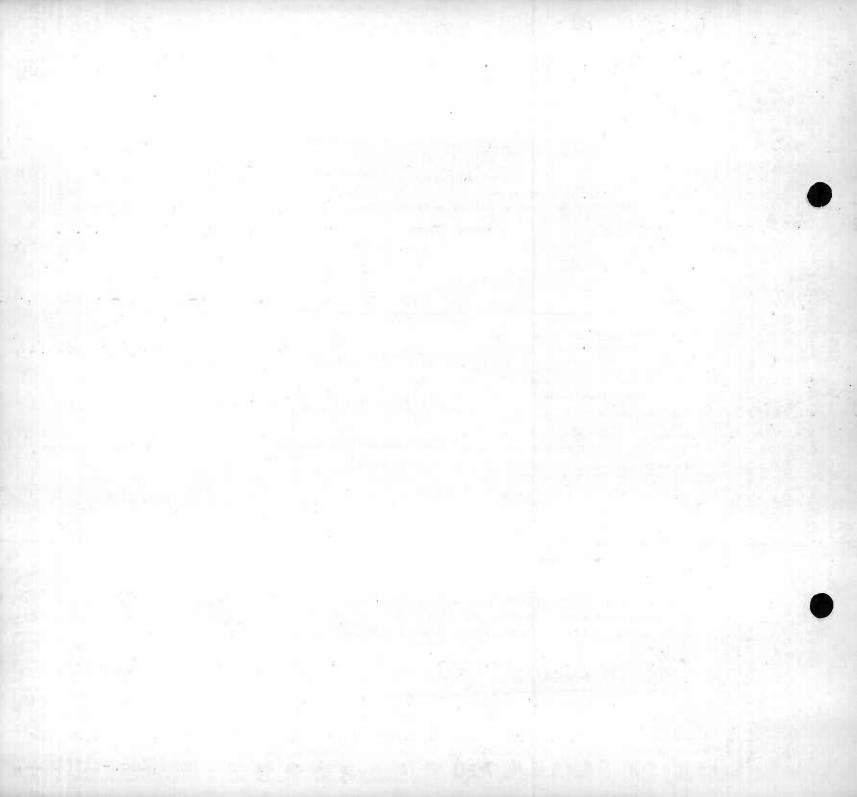
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CIT	Y HEALTH DEPARTMENT	70 4888
	ATE OF DEATH REG. NO.	.7.0 4000
Type or Print VIRGILA, LIGHT	2. DATE AND HOUR OF DEAT	8 35
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	ME BALTIMO	KF 5300
ALLINOIL LLEVIS VAN II OO	DUNDALK	YES NO ST
CHUPCH HOME AND HOSPITAL	E. STREET AND NUMBER	7/2.1.2
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Ys., If Under 24 Hrs
WHITE WIDOWED DIVORCED	- 10 - 95 lost birthdoy)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	Y 11. BIRTHPLACE (Stale or fareign country)	12. CITIZEN OF WHAT COUNTRY
OWNER STEEL FABREAT		U.S. 19.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
RESTEE LIGHT	CAURA B. HA	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor ar doles af september SECURITY NO.	17. INFORMANT	ADDRESS
NO - 218-07-12761	MRS T, LYNAS	MIDSHIP
18. CAUSE OF DEA	TH /	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	· (BETWEEN ONSET AND DEATH
LEADING TO DEATH	USE ASPIRATION	3
heart foilure, asthenia, etc. It means the disease	A CONSEQUENCE OF:	######################################
CALL THE	0	
ANTECEDENT CAUSES (B) chier	ug chology?	
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS is to the obove couse (A) stating the UNDERLYING CONDITION less	A CONSEQUENCE OF:	
UNDERLYING CONDITION last. (c) Tack	me exterme	
- II La VIS		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	2	
A DISEASE OR CONDITION GIVEN IN PART 1 (A)	100.4	
19A. DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED. WHICH OPERATION	20 A AUTOPSY? (Yos of No.) 20 B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, fociory, street, c		
OR CONTRIBUTING CAUSE OF home, form, fociory, street, of DEATH Inotify medical examined	ffice bidg., INJURY OCCUR?	ore City, give exact location)
21D-TIME (Month) (Doy) (Yeor) (Haud) 21E, INJURY OCCURRED	22 Lemny	9 9 90
OF INJURY (APPROX.) 5-5-70 While AI Not Whi	21F. HOW DID INJURY OCCUR	
WORK AT WORK	feel	
22. I certify that (I) (this hospital) attended the deceased from		-8 19 70
	19 70 and that In (our) ap	inian death accurred an the date
and haur and from the causes stated above (# (We) (did) (did fot)	flew the bady after death.	
23A. SIGNATURE		23B, DATE SIGNED
Physical Phy	onding Med. Staff Phys.	5-8-20
	23D. ADDRESS	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION (C	City, town, or coupty) (State)
BURIAL 5-11-1970 OAK LAWN	BALTO. CO	
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	ADDRESS
MAY 1 2 1970 Pasent E. Raisen M. D. O. D.	der Bezder h. a.	Du Dulle and.
/\$ 150-REV. 1/1/6B	un invenasiviance	-unity /14



VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



V das		Y HEALTH DEPARTMENT		70 489	n
9 - 400 70 BIRTH NO.	4890 CERTIFICA	ATE OF DEATH	REG. NO	300	U
1. NAME OF DECEASED (Type or Print) Mary K		2. DATE	ND HOUR OF DEATH	1:	45A
3. PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (WI	nere deceased lived. II	institution: residence before	admission
FULL NAME OF (IF NOT IN HOSPITA HOSPITAL OR ADDRESS OR LOCA INSTITUTION	L OR INSTITUTION, GIVE STREET TION)	Maryland C. City Of TOWN		SIDE CITY LIMITS?	34
A 74		Baltimore	J. 114.	YES NO	7
37 Mercy Hospita	1	E. STREET AND NUMBER			J
		5327 Salfm	idge Avenue		
5. SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	I II Hada 1 Va II H	der 24 Hrs.
Female White	WIDOWED DIVORCED	4/6/92	last birthdayl 78	Months Days Hours	Min.
OA. USUAL OCCUPATION (Give kind of work)		Y 11. RIRTHPLACE (State or los	70	120 6/27-274 05	
one during most of working life, even if retired)		Pennsylva	Section 1915	USA	COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		
John B. Kelley 5. Wes Deceased Ever in U. S. Armed Force		Eleanor	Brown		
Yes, no or unknown) (If yes, give wer or detes	of service) 16. SOCIAL SECURITY NO. A	Mis Gertrude	Ramia	1127 S. Clin	ton Si
18. / 9 9 0 1	CAUSE OF DEAT	TH .		I APPROXIMATE	INTERVAL
DISEASE OR CONDITION DIRE	ECTLY	Renal Fail	1170	BETWEEN ONSET	AND DEATH
(This does not mean the made of	dving. e.g. (A) IMMEDIATE CA	USE	ure	days	
heart failure, asthenio, etc. It means to injury or complication which coused of	he disease	A CONSEQUENCE OF:			
	iedm.)	â .			1.7
ANTECEDENT CAUSES	(B)	Carcinomat	OSIS	mor	nths
DISEASES OR CONDITIONS, if at time to the above cause (A) to UNDERLYING CONDITION last,	ny, giving DUE TO, OR AS stoling the (C)	A CONSEQUENCE OF:			
Ш	(/				
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A DATE OF OPERATION 19B CONDITION WAS PERFO	TERMINIAL				
DISEASE OR CONDITION GIVEN IN PART	I (A).	20A. AUTOPSY? (Yes or N	ol 208 IF YES WESS	EINDINGS CONSIDERED	
WAS PERFO	RMED		IN CERTIFYING CA	FINDINGS CONSIDERED	
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C WHERE DID	Miles Delay		Yes
21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examine)	home, farm, factory, street, o	fice bidg. INJURY OCCUR?	ur in politica	re City, give exact location)	
21 D. TIME (Month) (Day) (Yearl OF INJURY	(Houd 21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
(APPROX)	While At Not White Not White Not White Not White Not White Not Work Not White Not Whit	• 🗆			
22. I certify that (1) (this hospital)	attended the deceased from	/3/70	19 to	5/9/-	70
that (1) (we) last saw the deceased	- /- /	19 70 and al			Υ
		managed ,		nian death accurred a	n the date
and haur and from the causes state	d above. (!) (We) (did) (dįdṛṇṇṭ) v	view the bady after death.			
23A. SIGNATURE				23B, DATE SIGNED	
faut	DEGREE Phy	ending Med. Director	Stoff Phys.	5/9/70	
23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	,	1	-
Pauline Tin	a MD	3.0		3 04 70 3 01	L
A. BURIAL CREMATION, 248, DATE	24C. NAME of CEMETERY of CR	Mercy Hosp		1 St. Paul St	
REMOVAL (Specify) 5-12-76	2 1 1 6 0	2	1+	ity, town, or county)	(State)
1 success	Day Chaut	120	uco.	(cc.	
MAY 1 2 1970 Robert	SE NAME OF REGISTRAR	25C. FUNERAL DIRECTO	Hoffmann	9218 Herde	son de
S 150-REV. 1/1/68			VV		

IMPORTAN

DIRECTOR:

FUNERAL

William wound leaven to which had

191 - 7/()		BALTIMO	ORE CITY HE	ALTH DEPARTMENT		
BIRTH NO.	70 48	92 CERTI	IFICATE	OF DEATH	REG. NO	70 4892
(Type or Print)	MP. AL	FRED C	SR		ND HOUR OF DEATH	4- 44
3. PLACE IN BALTIMORE MARY			14	USUAL RESIDENCE (WH	ere deceased lived. II	institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS	HOSPITAL OR II	NSTITUTION, GIVE STA	REET	MARYLA CITY OR TOWN	ND UN	SIDE CITY LIMITS?
44UNION ME	MORIA	Hospital		BALTIMO STREET AND NUMBER	LLS ROA	YES 🔀 NO 🗌
5. SEX 6. RACE		RIED NEVER MARK	RIED 8. D	ATE OF BIRTH	9. AGE (In years lost birthdoy)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE WHIT	- WIDO	WED DIVOR	CED 🗌	10-26-08	61	
	if retired)	C Ma h	ADOSIRI II.	MARYLAN		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	17-70	unning	14.	MOTHER'S MAIDEN NA		U. S. A.
15. Was Deceased Ever in U. S. A	Alfre	d Vient	0	HINK NOW	N Estell	A Snorwassen
(Yes, go or unknown) (II yes, give wo	or or doles of serv	SECURITY NO	0.	NFORMANT / I	· K.	ADDRESS
18. 16211		CAUSE O	F DEATH	IIICIVEDI L	nemp	S>MC
DISEASE OR CONDIT	ION DIRECTLY				,	BETWEEN ONSET AND DEATH
(This does not mean the m	node of dying,	e.g., (A)IMMED DUE TO	ATE CAUSE (ARCINOMA	OF THE LI	Bun
injury or complication which ANTECEDENT						
DISEASES OR CONDITION		(8)				1
PINES ON COMPLITOR	is, it any, gr	ving DUE TO	OR AS A CO	NSEQUENCE OF:		************
rise to the above caus UNDERLYING CONDITION	e (A) slating		OR AS A CO	NSEQUENCE OF:		
UNDERLYING CONDITION	ie (A) stating	(c)	O, OR AS A CO	NSEQUENCE OF:		
UNDERLYING CONDITION	lost. ONS CONTRIBUTION	(c)	O, OR AS A CO	NSEQUENCE OF:		
UNDERLYING CONDITION UNDERLYING CONDITION II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION GIVEN 1994-DATE OF OPERATION W	IN A STATE OF THE TERMIN IN PART 1 (A). DR. CONDITION FOR CONDITION FOR PERFORMED	(C)		ONSEQUENCE OF: OA. AUTOPSY? (Yes or No	D) 20B, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
UNDERLYING CONDITION II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION GIVEN 19A DATE OF OPERATION UNDERLYING 19A DATE OF OPERATION OTHER SIGNIFICANT CONDITION OTHER SIGNIFICANT CON	ONS CONTRIBUTION OF THE TERMIN	(C)	N 2	DA. AUTOPSY? (Yes or No	IN CERIFING CA	FINDINGS CONSIDERED USES OF DEATH? The City, give exect location)
NOTHER SIGNIFICANT CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATION DISEASE OR CONDITION GIVEN 19A. DATE OF OPERATION OR CONTRIBUTING CAUSE DEATH (nosily medical examine)	ONS CONTRIBUTING TO THE TERMIN IN PART 1 (A). DR. CONDITION F. AS PERFORMED LYING OF	(C)	N 2 RY (e.g., in or o	DA. AUTOPSY? (Yes of No NO bout 21C. WHERE DID INJURY OCCUR?	(II In Boltimor	OSES OF DEATHS
INDERLYING CONDITION II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION GIVEN 179A-DATE OF OPERATION TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION GIVEN W OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELAT OR CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.)	(A) stating lost. ONS CONTRIBUTING THE TERMIN NIN PART 1 (A). PE CONDITION FOR PERFORMED LYING OF (Year) (Hough	(C)	N 2 RY (e.g., in or o other of office b	DA. AUTOPSY? (Yes or No	(II In Boltimor	OSES OF DEATHS
INDERLYING CONDITION II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION GIVEN 179A-DATE OF OPERATION TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION GIVEN W OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELAT OR CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.)	(A) stating lost. ONS CONTRIBUTING THE TERMIN NIN PART 1 (A). PE CONDITION FOR PERFORMED LYING OF (Year) (Hough	(C)	N 2 RY (e.g., in or o other of office b	DA. AUTOPSY? (Yes of No NO bout 21 C. WHERE DID Idg., INJURY OCCUR?	(IL In Boltimor	re City, give exect location)
Inse to the above cause UNDERLYING CONDITION IN UNDERLYING CONDITION IN UNDERLYING CONDITION IN UNDERLYING CONTRIBUTING CAUSE DEATH (notily medical examine) 21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE DEATH (notily medical examine) 21D. TIME (Month) (Day) OF INJURY (APPROX.) 22. I certify that (I) (this he that (I) (we) last saw the decided in the control of the control o	ONS CONTRIBUTING TO THE TERMIN IN PART 1 (A). PR. CONDITION F. AS PERFORMED LYING (Yeon) (Hour) OSPITAL) ottende eceased alive consisted.	CC)	RY (e.g., in or or other olifice b	DA. AUTOPSY? (Yes or No NO) bout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJ	(IL In Boltimor	OSES OF DEATHS
Inse to the above cause UNDERLYING CONDITION IN UNDERLYING CONDITION IN UNDERLYING CONDITION IN UNDERLYING CONTRIBUTING CAUSE DEATH (nosily medical examine OF INJURY (APPROX.) 22. I certify that (1) (this heath of that (1) (we) last saw the dand haur and from the cause	ONS CONTRIBUTING TO THE TERMIN IN PART 1 (A). PR. CONDITION F. AS PERFORMED LYING (Yeon) (Hour) OSPITAL) ottende eceased alive consisted.	CC)	RY (e.g., in or or other olifice b	DA. AUTOPSY? (Yes or No NO) bout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJ	(IL In Boltimor	re City, give exoci location) MAY 10 19 70 Inlanded the accurred an the date
UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION GIVEN 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE DEATH (nofily medical examine 21D. TIME (Month) (Doy) OF INJURY (APPROX.) 22. I certify that (I) (this he that (I) (we) last saw the d and haur and from the cause 23A. SIGNATURE	ONS CONTRIBUTING TO THE TERMIN IN PART 1 (A). PR. CONDITION F. AS PERFORMED LYING (Yeon) (Hour) OSPITAL) ottende eceased alive consisted.	(C)	RY (e.g., in or o street, olfice b	DA. AUTOPSY? (Yes or No	(IL In Boltimor URY OCCUR? 19 70 to 10 at In (my) (aur) opi	THE SIGNED
UNDERLYING CONDITION II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION GIVEN 199A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE DEATH (noilly medical examine) 21D. TIME (Month) (Day) OF INJURY (APPROX.) 22. I certify that (I) (this he that (I) (we) last saw the d and haur and from the cause 23A. SIGNATURE	ONS CONTRIBUTING TO THE TERMIN IN PART 1 (A). PRE CONDITION F. (AS PERFORMED OF (Hour) (Hour) OSPITAL OTTENS OF (Hour) OSPITAL OTTENS OF (Hour) OSPITAL OTTENS OF (Hour)	(C)	RY (e.g., in or o threet, olfice be considered by the constant of the constant	DA. AUTOPSY? (Yes or No	(IL In Boltimor URY OCCUR? 19 70 to at In (my) (aur) opin Shaff Phys.	re City, give exoci location) MAY 10 19 70 Inlanded the accurred an the date
UNDERLYING CONDITION II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION GIVEN 179A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE DEATH (nosily medical examine 21D. TIME (Month) (Doy) OF INJURY (APPROX.) 22. I certify that (I) (this he that (I) (we) last saw the d and haur and from the cause 23A. SIGNATURE 23C. PHYSICIANTS NAME (Type) MIGUEL KAR	ONS CONTRIBUTING TO THE TERMIN IN PART 1 (A). PRE CONDITION F. (AS PERFORMED OF (Hour) (Hour) OSPITAL OTTENS OF (Hour) OSPITAL OTTENS OF (Hour) OSPITAL OTTENS OF (Hour)	CC)	RY (e.g., in or o threet, olfice be considered by the constant of the constant	DA. AUTOPSY? (Yes or No	(IL In Boltimor URY OCCUR? 19 70 to 10 at In (my) (aur) opi	THE SIGNED
NO UNDERLYING CONDITION II OTHER SIGNIFICANT CONDITION IO THE DEATH BUT NOT RELAT DISEASE OR CONDITION GIVEN 199A-DATE OF OPERATION 21A-ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE DEATH (notily medical examine) 21D-TIME (Month) (Day) OF INJURY (APPROX.) 22. I certify that (I) (this he that (I) (we) last saw the d and haur and from the cause 23A-SIGNATURE 23C-PHYSICIAN'S NAME (Type)	ONS CONTRIBUTING TO THE TERMIN IN PART 1 (A). PR. CONDITION F. AS PERFORMED LYING OF (Year) (Hour ospital) ottende eceased alive constant of the constant of	CC)	RED N 2 RY (e.g., in or or ostreet, office be considered by the constant of the constant o	DA. AUTOPSY? (Yes or No	(IL In Boltimor URY OCCUR? 19 70 10 1 at In (my) (aur) opin Shaff MORIT!	MAY 10, 1970 MAY 10, 1970
Inse to the above cause UNDERLYING CONDITION IN UNDERLYING CONDITION IN UNDERLY IN UNDER	ONS CONTRIBUTING TO THE TERMIN IN PART 1 (A). PR. CONDITION F. AS PERFORMED LYING OF (Year) (Hour ospital) ottende eceased alive constant of the constant of	CC)	RY (e.g., in or of street, office by the lit work of lit work	DA. AUTOPSY? (Yes or No	(IL In Boltimor URY OCCUR? 19 70 10 1 at In (my) (aur) opin Shaff MORIT!	PARY 10 19 70 Inlon deoth accurred an the date 238, DATE SIGNED MAY 10, 1970 HOSPITAL

and the second s

IMPORTAN

DIRECTOR:

FUNERAL



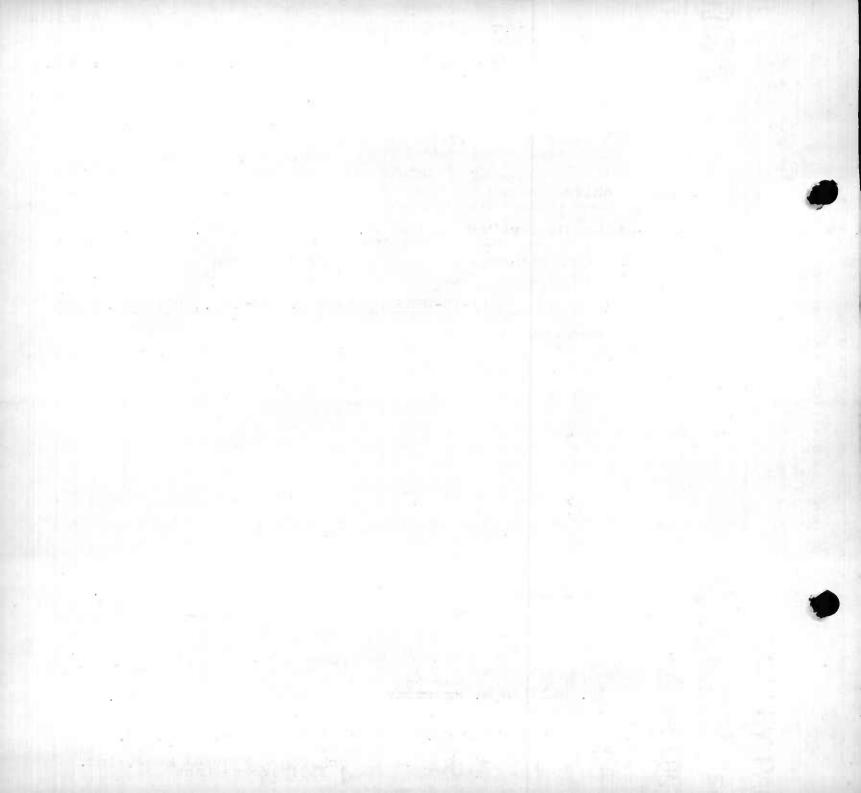
IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

MENT			70	4894	
TH	REG.	NO	70	4034	
ATE AN	5 S	DEATH	<i>C</i> 1	710	,
CE (Whe	re deceased in	ed 11 ins	titution	residence belore	M. odmission)
212	13			263	3
		D. INSI			
MBER			YES [\$ NO ∐	
	terfie:	ld A	veni	ie	
	9. AGE (In ye lost birthdoy) 77	ors	II Und Months	or 1 Yr. II Under Doys Hours	r 24 Hrsa Mina
e or forei	gn country)	-	12, CI	ZEN OF WHAT	COUNTRY?
a					
EN NA	ME				
MIX I	Mary C	olli	ns		
				ADDRESS	
Kra	iser S	prag	ggin	s, wife,	above
Hen	ralls	age		APPROXIMATE IN BETWEEN ONSET A	

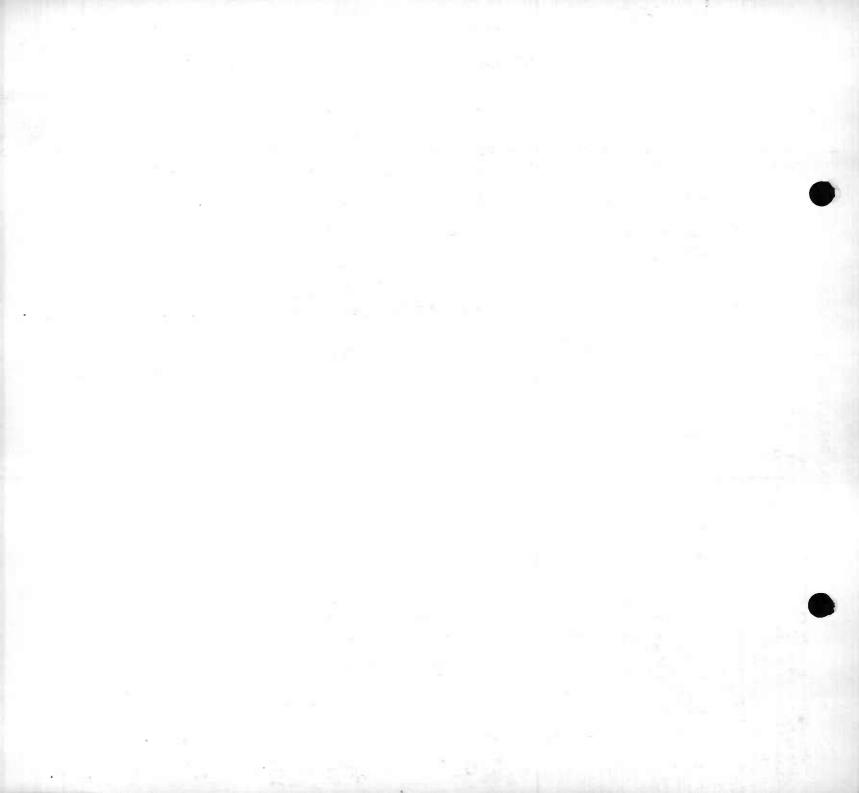
11	25CV				
	**************	********			
		-			
s or No)	20B, IF YES, IN CERTIFYIN	WERE FIL	NDINGS SES OF	CONSIDERED DEATH?	
DID UR?	(If In I	Soltimore	City, giv	e exact location)	
ULNI GI	RY OCCUR?				
19	9ta	5-1	2	19_	70
				th accurred on t	
eath.				FE.	- 2
		2	3 B, DA1	E SIGNED	
S	hys.			728	
Men	of fler	1	roll	1 14	2 -9
24D. LO	CATION	(City,	fown, o	r county)	Stote)
	Baltim				
ECTOR EK F	uneral	Hom	e,	ADDRESS Inc.	
III B	rehms	Lane			

BRITH NO. 70 4895		HEALTH DEPARTMENT	DEC NO	70 4895
1000	CERTIFICA	TE OF DEATH		1000
1. NAME OF DECEASED (Type or Print) MARTHA FLA	HERTY PALM		7, 1970	1 8:50 p. M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON		A. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived. If	institution: residence before odmission) 902
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN Baltimor		SIDE CITY LIMITS? YES MO
Union Memorial Ho	spital	E. STREET AND NUMBER 1618 Sha	dyside Ro	ad
S. SEX 6. RACE 7. MARRIE WIDOWE	NEVER MARKIED	2/15/06	9. AGE (In years lost birthdoy) 64	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working lite, even if retired) Secretarial GauleyRi	of Business or Industry ver Lumber Co			12. CITIZEN OF WHAT COUNTRY
Joseph P. Flaher	ty	Bridget		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service	SECURITY NO.	17. INFORMANT	12 0 1-	ADDRESS
2	14-10-0367		Im, Sr., hu	asband, above
injury or complication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the obove cause (A) stating the UNDERLYING CONDITION lost.	19	A CONSEQUENCE OF:		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA	G			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).	G L	20A. AUTOPSY? (Yes or I	No) 20B, IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A). 19.A. DATE OF OPERATION WAS PERFORMED 21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	G L	or obout 21 C. WHERE DID	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) (Hour) 21D. TIME (Month) (Doy) (Year) (Hour) 21D. TIME (Month) (Doy) (Year) (Hour)	G R WHICH OPERATION The Place of Injury (e.g., in ome, form, foctory, street, off)	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	IN CERTIFYING C	AUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) (Hour) 2 21D. TIME (Month) (Doy) (Year) (Hour) 2	R WHICH OPERATION The PLACE OF INJURY (e.g., in ome, form, foctory, street, off etc.) TE. INJURY OCCURRED While At At Work The deceased from	or obout 21 C. WHERE DID ince bidg., INJURY OCCUR?	IN CERTIFYING C	ore City, give exact location) 19 70
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 22. I certify that (I) (this haspital) ottended	R WHICH OPERATION The Place of Injury (e.g., in ome, form, foctory, street, off itc.) The Injury occurred Not While At Work I the deceased from (I) (We) (did) (did not) vi	or obout 21C, WHERE DID ince bidgs, INJURY OCCUR? 21F. HOW DID IN 19 70 ond sew the body after death	IN CERTIFYING C	ore City, give exact location) 19 70
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 2 OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (was) last sow the deceased alive or and haur and from the causes stated above.	R WHICH OPERATION The PLACE OF INJURY (e.g., in ome, form, foctory, street, off itc.) The Injury Occurred Not While At Work I the deceased from 12 (I) (We) (did) (did not) via the deceased from 12 (I) (We) (did) (did not) via the deceased from 13 (I) (We) (did) (did not) via the deceased from 14 PLACE OF INJURY (e.g., in one of the content of	or obout 21C, WHERE DID in injury occur? 21F. How DID IN 19 70 ond sew the body after deother injury occur.	IN CERTIFYING C (If in Baltim	DINION DATE SIGNED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hour) 20 (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (was) last sow the deceased alive or and haur and from the couses stated above. 23C. PHYSICIAN'S NAME (Type) Dr. William 24A. BURIAL CREMATION, 24B. DATE 24C.	R WHICH OPERATION The PLACE OF INJURY (e.g., in ome, form, foctory, street, off itc.) The Injury Occurred Not While At Work I the deceased from 12 (I) (We) (did) (did not) via the deceased from 12 (I) (We) (did) (did not) via the deceased from 13 (I) (We) (did) (did not) via the deceased from 14 PLACE OF INJURY (e.g., in one of the content of	or obout 21C, WHERE DID ice bldg., INJURY OCCUR? 21F. HOW DID IN 19 70 ond dew the body after death oding Med. Director Directo	IN CERTIFYING C (If in Baltim IJURY OCCUR? 19 70 to	DINION TO BLVd. City, town, or county) Core City, give exact location 19 70 10 70 10 70 10 70



	ccurred in a hospital and tributing cause of death mined cause; (5) Deceased gular attendance on the sed prior to death. Such made.
	or corndeterndeters in redeced
IMPORTANT	Also, if the direct re of any kind; (4) U nounced death was attendance on the Imed or final disposs
FUNERAL DIRECTOR: IMPORTANT	by the chief medical examiner. ure; (2) Body burns; (3) A fractur where the physician who pror) No physician was in regular d before the remains are embali
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

5-550 70	4896 CERTIFICA	Y HEALTH DEPARTMENT	BEC NO	70 4896
BIRTH NO.	2000 CERTIFICA	ATE OF DEATH	REG. NO	70 3000
(Type or Print)	NANE	2. DATE	AND HOUR OF DEAT	Н
3. PLACE IN BALTIMORE, MARYLAND, WHERE			y 5, 1970	11:30 A.N
WHERE	PRONOUNCED DEAD	A. STATE B. COL	JNTY	institution: residence before admission
	INSTITUTION, GIVE STREET	Maryland		2/39
INSTITUTION ADDITION		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
00 ===		Baltimore		YES NO
90 Edgewood Nursing	Home	E. STREET AND NUMBER		
5. SEX 6. RACE 7. AL		4700 Loch	Raven Boul	evard
Female White Win	ARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Manths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, Kidone during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or lo	oreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife		Greece		Greece
13. FATHER'S NAME	-	14. MOTHER'S MAIDEN N	A145	Greece
Unknown		Unknown	AME	
15. Was Deceosed Ever in U. S. Armed Farces? (Yes, no or unknown) (II yes, give war ar dales of s	1 6- SOCIAL	17. INFORMANT		ADDRESS
No	security No. 216-56-7750	Emanuel Di		
18.	CAUSE OF DEAT	TOO DOOL	Raven Blvd	1. Baltimore Md.
DISEASE OR CONDITION DIRECTL		••		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
injury ar camplication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) station UNDERLYING CONDITION (ast.	(B)	A CONSEQUENCE OF:	**************************************	
O THE DEATH BUT NOT RELATED TO THE TERM	ALNEAT			
DISEASE OR CONDITION GIVEN IN PART 1 (A), 19A. DATE OF OPERATION 198. CONDITION	****************	20A-AUTOPSY? (Yes or N	I-V 008 II V-0	***************************************
WAS PERFORME	D TEXTON	AUTOPST THE OF I		FINDINGS CONSIDERED AUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	218. PLACE OF INJURY (e.g., inhame, form, factory, street, all etc.)	n or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Baltima	ara City, give exact lacation)
21D. TIME (Month) (Doy) (Year) (House	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
[APPROXI	While At Not While At Work	• 🗆		
22. I certify that (I) (this hospital) atter		11 124. 22.		410
that (1) (we) last saw the deceased ally		2 19 70 and t	hat In(my) (aur) ap	Inlan death accurred an the date
and have and from the causes stated abo	ive. (i) (We) (did) (did not) v	lew the bady after death.		
23A. SIGNATURE				238, DATE SIGNED
Trederick (1)	Elever Morrose Phys	nding Med.	Shoff	21/2 -1 / 10.70
23 C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	Phys.	my 6, 9 10
	LIMER MD DEGREE	6100 Josh V	M. Dalden	more IMA 21212
KEING A AL (Specify)	24C. NAME of CEMETERY OF CRE		LOCATION (C	ity, town, ar county) (State)
Burial 5-7-70	Greek Orthodox	Cemetery B	altimore,	Md.
MAY 1 2 1910 Paked E. &	AME OF REGISTRAR	25C FUNERAL DIRECTO	n Matthews	ADDRESS Baltimore, Nd.
S 150-REV. 1/1/68				



V\$ 150-REV, 1/1/6B

and

a hospital

	De or Print)	ATHLEEN	(KAY) M	ARY FRIEDMAN			, 1970	н	11	P
FUL	PLACE IN BALTIMORE, MA LL NAME OF (IF NOT SPITAL OR ADDRE STITUTION			TON, GIVE STREET	A. STATE	MARYLAND		VSIDE CITY L	272	adm
13	SINAI HOSPITA	AL				BALTIMORE AND NUMBER		YES _	NO _]
5. S		ITE	7. MARRIED WIDOWED	NEVER MARRIED	B. DATE OF		9. AGE (In years lost birthdoy) 61	If Unde Months	or 1 Yr. If Un Doys Hours	der 2
done	USUAL OCCUPATION (Give during most of working life, ex			MANAGER	CHARLE		, MARYLAND		ZEN OF WHAT	COL
13. 1	GIV BUCKLER					RENCE WEL				
15. V (Yes	Was Deceased Ever in U. S s, no or unknown) (If yes, give NO	S. Armed Force wor or dates	es? s of service)	6. SOCIAL SECURITY NO. 216-40-1094	MR. MA		FRIEDMAN,	3807 BI	ADDRESS	DR
	(This does not mean the heart failure, osthenio, el injury or complication when the heart failure of the heart fai	Ic. It means hich caused NT CAUSES	the disease, deoth.)		ARD.	IAL 1	NFARCT			
NO	heart failure, osthenio, el injury or complication w	ne mode affice. It means hich caused NT CAUSES FIONS, if a cause (A) ON last.	the disease, deoth.) any, giving stating the	MYOC	ARD.	IAL 1	NFARCTI RY DIS			
RTIFICATION	heart failure, osthenio, et injury or complication when the complication will approximate the complete that the complete	ne mode of lc. It means hich caused NT CAUSES FIONS, if a cause (A) ON last.	the disease, deoth.) any, giving stating the MTRIBUTING IE TERMINAL I. (A).	M Y O COR AS	A CONSEQUE	IAL 1	RY DIS	SE FINDINGS	CONSIDERED	
AL CERTIFIC	heart failure, osthenio, el injury or complication when the state of t	ne mode of lc. It means hich caused NT CAUSES TIONS, if a cause (A) ON last. DITIONS CONTRIBUTION IN PART 198. CONTRIBUTION 198. CONTRIBUTI	the disease, deoth.) any, giving stating the MTRIBUTING HE TERMINAL 1 1 (A). DITION FOR WIORMED	M Y O COR AS	A CONSEQUE	ENCE OF:	PY DIS	RE FINDINGS CAUSES OF	CONSIDERED	
DICAL CERTIFIC	heart failure, osthenio, el injury or complication when the state of the above underlying condition of the control of the cont	ne mode of lc. It means hich caused NT CAUSES TIONS, if a cause (A) ON last. DITIONS CONTRIBUTION IN PART 198. CONTRIBUTION 198. CONTRIBUTI	the disease, deoth.) any, giving stating the stating	DUE TO, OR AS (B) DUE TO, OR AS CORO/ (C) HICH OPERATION LACE OF INJURY (e.g., form, foctory, street, o	A CONSEQUE A CONSEQUE 20A. AU In or obout 21 ffice bldg., IN.	ENCE OF:	20B. IF YES, WEI	RE FINDINGS CAUSES OF	CONSIDERED	
MEDICAL CERTIFIC	heart failure, osthenio, el injury or complication when the state of the above underlying condition of the above underlying condition of the death but not to the death but not to the death but not to the death but not or contributing capable for injury (Approx.) 21D. Time Month) (Independent of the death (In the death of the	ne mode of lc. It means hich caused NT CAUSES TIONS, if a cause (A) ON last. DITIONS CON LONG TO THE LONG TO TH	the disease, deoth.) any, giving stating the stating	DUE TO, OR AS (B) DUE TO, OR AS (C) HICH OPERATION LACE OF INJURY (e.g., form, foctory, street, or my long to the complete of the complet	A CONSEQUE A CONSEQUE A CONSEQUE Proposition or obout 211 In or obout	ENCE OF: TOPSY? (Yes of No. C. WHERE DID TURY OCCUR? THOW DID INJ	20B. IF YES, WEI	RE FINDINGS CAUSES OF	CONSIDERED DEATH?	19
MEDICAL CERTIFIC	heart failure, osthenio, el injury or complication when the state of the above underlying conditions to the above underlying conditions of the conditions of	ne mode of lc. It means hich caused NT CAUSES TIONS, if a cause (A) ON last. DITIONS CON LONG TO THE LONG TO TH	the disease, deoth.) any, giving stating the stating	DUE TO, OR AS (B) DUE TO, OR AS CORO (C) HICH OPERATION LACE OF INJURY (e.g., independent of the colory) form, foctory, street, or NJURY OCCURRED At Work deceosed from (We) (atta) (did not) which is deceosed.	20A. AU1 20A. AU1 20A. AU1 20A. AU1 211 211 211 211 211 211 211	ENCE OF: TOPSY? (Yes of No. C. WHERE DID IURY OCCUR? F. HOW DID INJ. 20 ond the day ofter death. Med. Director	20B. IF YES, WEI IN CERTIFYING (If in Boltin	RE FINDINGS CAUSES OF more City, given population decorated and the company of th	CONSIDERED DEATH?	19
MEDICAL CERTIFIC	heart failure, osthenio, el injury or complication when the state of the above underlying condition of the state of the above underlying condition of the death but not to the death but not to the death but not or contributing capable of injury (Approx.) 21 A. Accident was un or contributing capable (Injury (Approx.)) 22. I certify that (I) (the that is not to the condition of	ILE MODE OF THE PROPERTY OF TH	the disease, deoth.) any, giving stating the stating	DUE TO, OR AS (B) DUE TO, OR AS CORO (C) HICH OPERATION LACE OF INJURY (e.g., independent of the colory, street, or one of the colory, street, or one of the colory of the color of the colo	20A. AU1 20A. AU1 20A. AU1 20A. AU1 21 21 21 21 21 21 22 23 23 2	ENCE OF: TOPSY? (Yes of No. C. WHERE DID IURY OCCUR? F. HOW DID INJ. 20 ond the day ofter death. Med. Director	20B. IF YES, WEI IN CERTIFYING ((If in Boltin URY OCCUR?	RE FINDINGS CAUSES OF more City, given population decorated and the company of th	considered de exoct location	19

CHIPSE - CHIEF CHIEF DANK, DEEL LOSSIC CARE, MANUAL AND AND LOSS CHEEKS

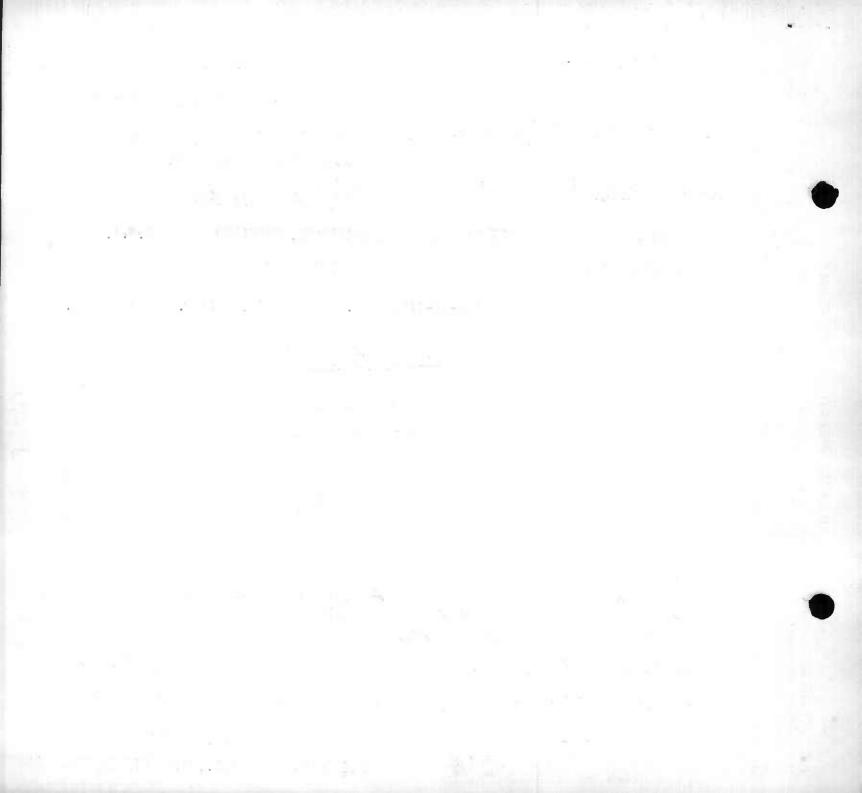
Mari of Plan A PART OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF TH

IMPORTANT

THE TANK OF THE CASE OF THE PARTY OF THE PAR WE DESTRUCTED AND ADDRESS OF THE PARTY OF TH IMPORTANT

FUNERAL DIRECTOR:

1	1115 70 400	BALTIMORE CITY	HEALTH DEPARTMENT		70 1000
BII	10 490 TH NO.	CERTIFICA	TE OF DEATH	REG. NO	70 4900
	pe or Print) Approve B. (A)	20/	2. DATE AN	HOUR OF DEATH	210 11
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	DNOUNCED DEAD	4. USUAL RESIDENCE LWhere	deceased lived. If inc	titution: residence before admissional
			A. STATE B. COUNT	77	1 = 0 00
H	ILL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C, CITY OR TOWN		XXXX 1538
IN	STITUTION Her aval of	B11.	Baltmore	D. INSIE	DE CITY LIMITS?
-	ind it sparing	Dalysmore	E. STREET AND NUMBER		YES NO
1	12		2415 BAR	eson Ar	12
1	Tale Casax Widow		10/10/95	AGE (in years part birthdoy)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
401 104	LUSUAL OCCUPATION (Give kind of work 108, KIN to during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or loreig	n country)	12. CITIZEN OF WHAT COUNTRY
		RETAIL	BALTIMORE, MAR	LAND	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
	LOUIS CAPLAN		IDA ?		
5. Ye	Was Deceased Ever in U. S. Armed Forces? s,na ar unknown) (If yes, give war or dotes of servi	1 6- SOCIAL	17. INFORMANT		ADDRES\$
	NO NO	188-10-1107	MRS. REBA CAPLA	V 2415 W. G	GARRISON AVE. #15
_	18.	CAUSE OF DEAT		-, -, -, -, -, -, -, -, -, -, -, -, -, -	APPROXIMATE INTERVAL
	DISEASE OF CONDITION DIRECTLY		, _		BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAL	ISE LLENA (A)	CER	
	17his does not mean the made of dying, heart failure, asthenia, etc. 11 means the dise	0 //	ECONISCOURNES OF		
	injury ar camplication which caused death.)	440,			
	ANTECEDENT CAUSES	A A	5(1/1)		
	DISEASES OR CONDITIONS, if any, gi	ring (8)	A CONSEQUENCE OF:	***************************************	
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the in /) in /	wter Hellin	Sep	
	11	(C)industrible			
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG			
AIION	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL			
	19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? Nos or Nol	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	a should 21 C. Wildens D.D.		
F	OR CONTRIBUTING CAUSE OF DEATH Inolify medical examined	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(it in Boltimore	City, give exoct locottan)
FOIC	21D-TIME (Month) (Day) (Year) (Houd	21E INJURY OCCURRED	017 11011 010 110		
ME	OF INJURY	While At Not While	21F. HOW DID INJU	RY OCCUR?	
	(APPROX.)	Work At Work			
	22. I certify that ((this haspital) attend		D Harit 19	10 to 8	104 1920
	that 🍂 (we) last saw the deceased alive			in(my) (aur) apini	ian death accurred an the date
	and hour and fram the causes stated abov	. (4) (We) (did) (Mar AGE) v			
1	23A. SIGNATURE			10	23B DATE SIGNED
-	Morno Day	Dhu	nding Med. S	haff hys.	8 Mer 1920
	23C. PHYSICIAN'S NAME (Type) MCKET OSTROFF	(M)	Smal Has	pitalo	1 Baltimore
44	BURIAL CREMATION, 24B. DATE 240 REMOVAL (Specify)	NAME of CEMETERY of CRE	MATORY 24D. LO	CATION (City,	, town, or county! (State)
	21.221.	SHAAREI ZION		IMORE, MARY	
25 A		AE OF REGISTRAR			
	MAY 1 2 1970 Poles E. Fa	Ber M.D.	OSQ4 LEVINSON G	BROS.,6010	REISTERSTOWN ROAD
/S	150-REV- 1/1/68				

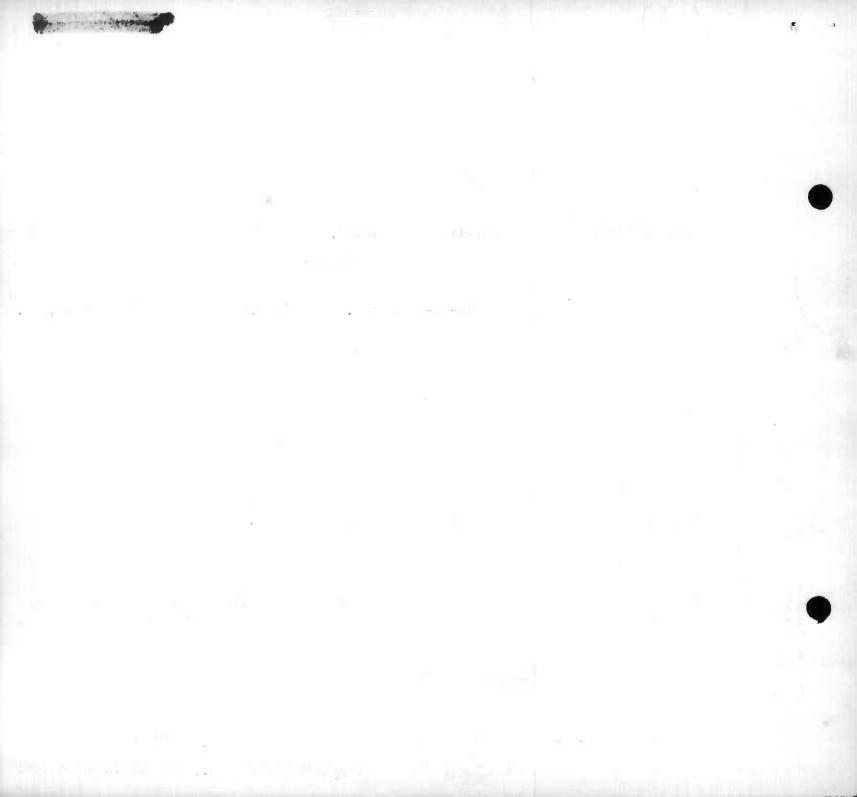


VS 150-REV. 1/1/6B

0 1/4	BALTIMORE CITY	HEALTH DEPARTMENT		Pro
7-422 70 4901	CERTIFICA	TE OF DEATH	REG. NO	70 4901
NAME OF DECEASED		2. DATE AI	ND HOUR OF DEATH	
Type or Print) LILLIAN POLASHUK (D	losi Pugl	MAV	8, 1970	5.30 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO		4. USUAL RESIDENCE (Whe	ere deceased lived. If i	nstitution: residence before admission)
		A. STATE B. COUN	117	1 NIN
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT ADDRESS OR LOCATION)	UTION, GIVE STREET	MARYLAND		21/1
NSTITUTION		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
2704 CYLBURN AVENUE		BALTIMORE		YES NO NO
0.00		E. STREET AND NUMBER		
			URN AVENUE	
SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Doys Hours Min.
FEMALE WHITE WIDOWED	X DIVORCED		61	
A. USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if retired)			10 1110	
HAIRDRESSER EMP	LOYEE	BALTIMORE, MA	AKYLANU	U.S.A.
LUITER 3 IAMME			ME	
HYMAN POLASHUK		ESTHER SODY		
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war or dates of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
NO	SECURITY NO.	WOO WARM OTRA	1100 0704 01	URUMU AUT #0101F
	216-18-6678 CAUSE OF DEAT		uss, 2704 C	/LBURN AVE. #21215
18. 197,81	CAUSE OF DEAT	1-1-		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1/	elastalia Car	MIMMA	3 mts
(This does not meon the mode of dying, e.g.,	(A) IMMEDIATE CAL		00/0//00	SINV
hearl foilure, osthenio, etc. It means the disease,		A CONSEQUENCE OF:	Α	X = N = C = C = C
injury or complication which coused death,)	01.		()	2 1/2
ANTECEDENT CAUSES	(B) (loth	r carenons	e lim	1 3 min
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	40)			
	(C)			
II CONTRIBUTION	12	. In R. a.	1	T IA
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	W	organin o	luare	0 900
	WHICH OPERATION	20A. AUTOPSY? (Yes or N	ON OUR IE VEC MERE	EINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OFEKATION	ZVA. AUTOPST? (Tes of IV	IN CERTIFYING CA	FINDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING 21B	Di A GE GE INITIANI	L JOIC WILEDS DID	***	
OR CONTRIBUTING CAUSE OF hon	ne, form, factory, street, of	fice bldg., INJURY OCCUR?	(It in Boltimo	re City, give exoct location)
DEATH (notify medical examiner))			
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E	INJURY OCCURRED	21 F. HOW DID IN	IURY OCCUR?	
	ile At Not While	• 🗆 📗		/
Wo		3/4	-7	T/S 2/2
22. I certify that (I) (this haspital) attended t	he deceased fram	561	19 <u>/ ta</u>	0/8 19/
that (i) (we) last saw the deceased alive an	5/	0 19 / 0 and th	nat in(my) (aur) op	inian death ^l accurred an the dat
and haur and fram the causes stated above. (I) (We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATURE				23B. DATE/SIGNED
MIMIAN FILMMIN		nding Med.	Staff	5/8/71
DISCOUNTED AND	DEGREE Phy		Phys. 🗀	10/10
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	umau alua	,
MAURICE FELDMAN	DEGREE	6610 CROSS COU	NTRY BLVD.	
A. BURIAL CREMATION, 24B. DATE 24C. N REMOVAL (Specify)	AME of CEMETERY or CRI	MATORY 24D. L	OCATION	City, town, or county) (Stote)
	KNESSETH TODA	EL ANSHE SFARD,	RAITTMADE	MADVIAND
SA, DATE REC'D BY WEALTH DEPT. 258. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	DALI LIMUNE,	ADDRESS
111V10 1070 22. 85 36 16	10.85 0 0	SOL LEWINSON	& BROS., 601	O REISTERSTOWN ROAL
THE THE PARTY OF T	CA PETRIC CONTINUE TO	41 41 41		

relatible common aher carmona line : "To Wodglin duare 5 47 Warner Fildment X

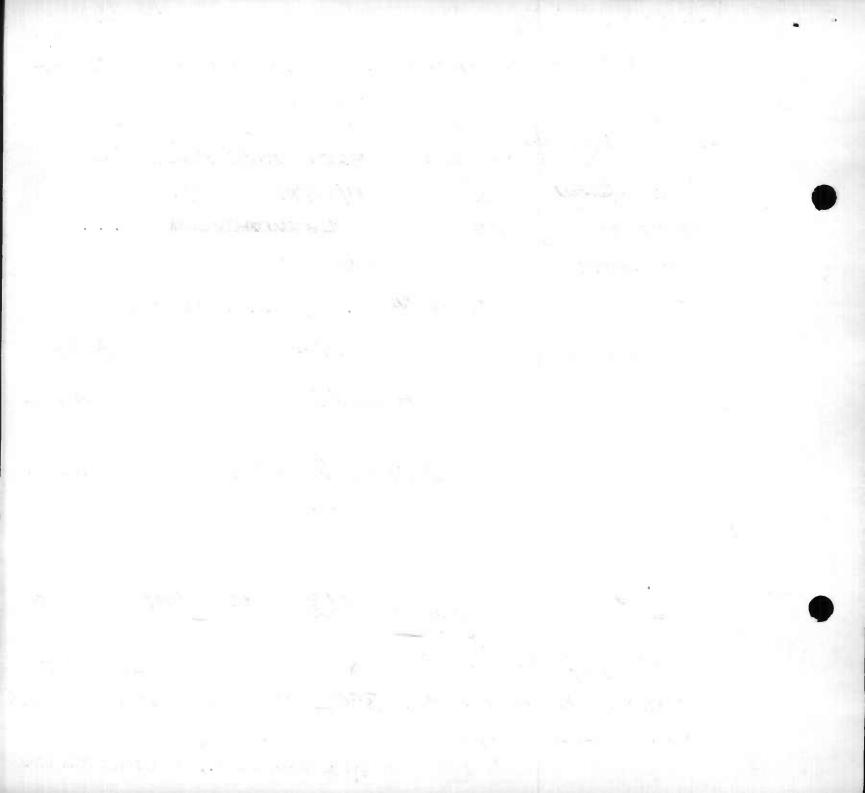
Danh 70 4902 BALTIMORE CIT	TY HEALTH DEPARTMENT
CERTIFIC	ATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) POTTS, ISaac	5/10/70 11.50 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND, BALTIMOTES
SINAL HOSPITAL OF BALTIMORE	
42	6320 Greenstoring Avenue
5. SEX 6. RACE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 7 9. AGE lin yeors lost birthdoy) 7 Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTI	The state of the s
SELF EMPLOYED RETAIL	BALTO. MARY CAND U-S-A.
13. FATHER'S NAME UNKNOWN	14. MOTHER'S MAIDEN NAME UNKNOWN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or doles of service) SECURITY NO.	17. INFORMANT ADDRESS 40
	MRS. ROSE POTTS. 6320 GREENSPRING AVENUE, APT.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	S A CONSEQUENCE OF:
ANTECEDENT CAUSES	s A CONSEQUENCE OF:
	s a consequence of: - cinoma of Signoid Colon
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A.DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED LITERY TWOMBE	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)	In or about 21 C. WHERE DID (If in Boltimore City, give exact location) office bidg., INJURY OCCUR?
210-TIME (Month) (Doy) (Yeor) (Haur) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work	
22. I certify that (1) (this haspital) attended the deceased, from.	19/0 to 5/0 1970
that (1) (we) last saw the deceased alive on 5/10	19 70 and that In(my) (out) opinion death occurred on the date
and hour and from the causes stated above. (1) (We) (did not)	
	tending Med. Staff 23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) SAGBT' W. (UIRINO	SINAL HOS PIT AL.
24A. BURIAL CREMATION, 24B. DATE 24G. NAME of CEMETERY OF C	
BURIAL 5-11-70 BNAI ISRAEL	BALTIMORE, MARYLAND
MAY 1 2 1970 Pabas & Jame of registrar	SOLI LEVINSON BROS., 6010 REISTERSTOWN ROAD
V\$ 150-REV, 1/1/68	



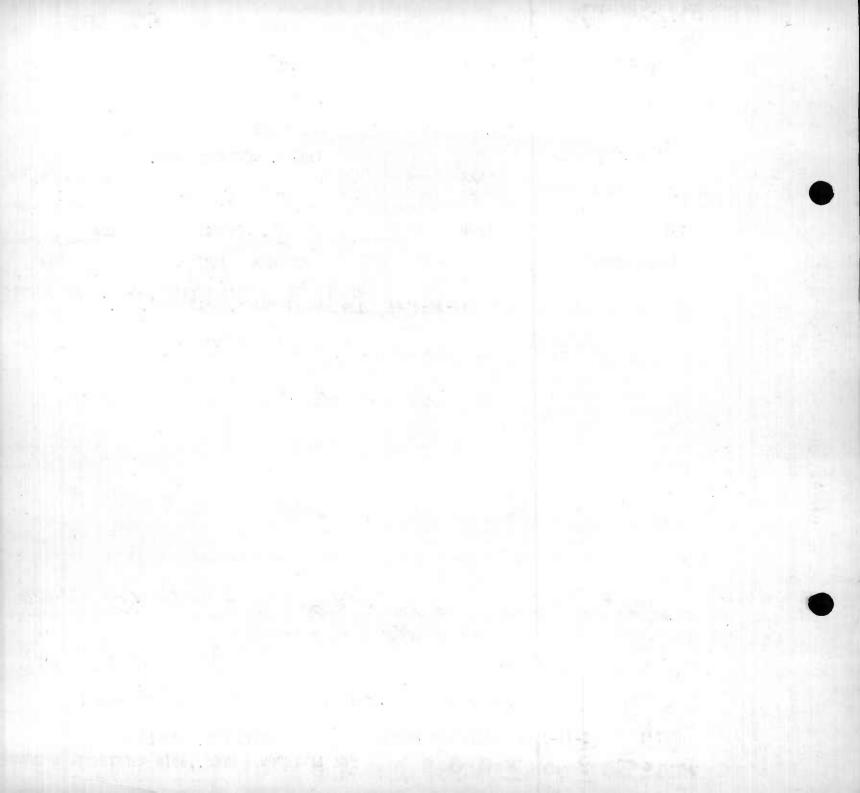
IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

NO If Under 1 Yr. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS MRS. ANNE BLOCK. 2709 GLEN AVENUE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) ond that in(my) (eur) opinion death occurred on the date 238 DATE SIGNED (City, town, or county) (Stote) SOL DEVINSON & BROS., 6010 REISTERSTOWN ROAD

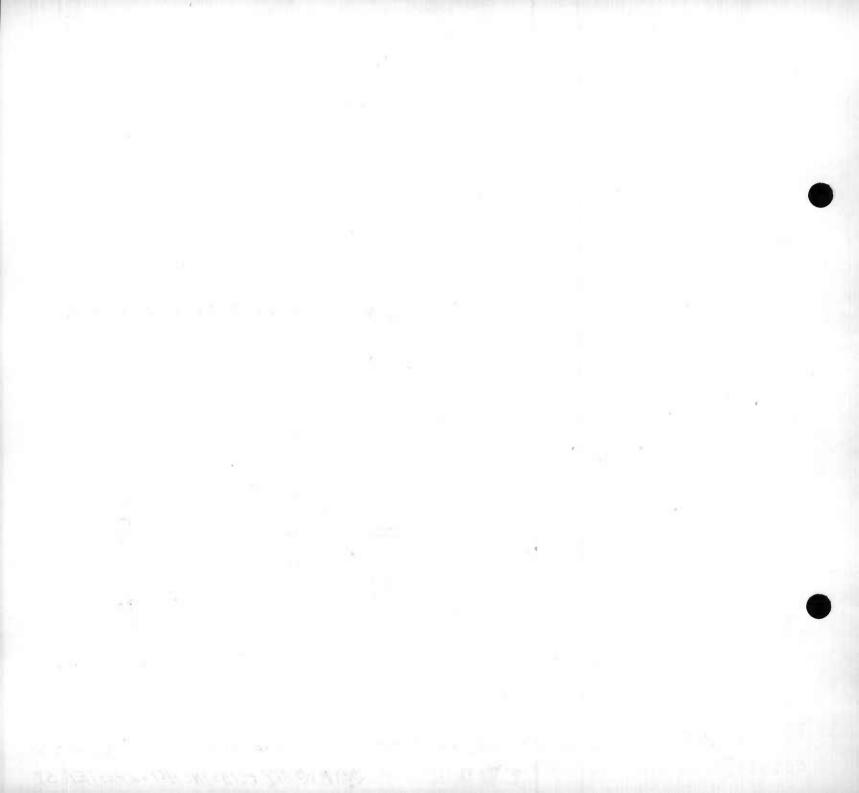


BALTIMORE CIT	TY HEALTH DEPARTMENT
5-500 10 4904 CERTIFIC	ATE OF DEATH REG. NO. 70 4904
I, NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print) TACQUES GENAH	10 104 1970 AM. 14. USUAL RESIDENCE (Where decreased lived, If institution; residence before admission)
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARY LAND C. CITY OR TOWN D. INSIDE CITY LIMITS?
Les modale Hebrew Home &	BALTIMORE YES NO
ternage necessia	E. STREET AND NUMBER
11 Vint-TRIN ARY	3303 W. NORTHERN PKWY. B. DATE OF, BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs.
6. RACE 7. MARRIED XXVIEVER MARRIED DIVORCED DIVORCED	April 1905 lost brithday 65 Months Days Hours Min.
IDA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTI	RY 11/ BIRTHPLACE (Sife or foreigh-country) 12. CITIZEN OF WHAT COUNTRY?
TAILOR SHOP	hibiA, TRIPOLI USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MI CHEL GENAH	KAMOUNA JAMI
15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	HEBREW FREE BURIAL SOCIETY, c/oMR. MOSE MORRIS 109 MARKET PLACE, BALTIMORE, MD.
NO 214-50-0544 CAUSE OF DEA	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	AUSE MUNICARDIA Litarction Mork
heart failure, astheria, etc. It means the disease,	S A CONSEQUENCE OF:
injury or complication which caused death.)	- MCMI
ANTECEDENT CAUSES (B) SEVEN	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if any, giving DUE TO, OR I	y
UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	office bldg., INJURY OCCUR?
DEATH (notify medical examiner) etc.)	
21D. TIME (Month) (Doyl (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
S (APPROX.) While At Not W Work At Wo	
22. I certify that (this hospital) attended the deceased from	7/24 1967 to 10 MAG 1920.
that (we) lost saw the deceased alive on 10 MP4	19 DD _and that in(my) (aur) opinion deoth occurred on the dote
ond hour and from the couses stated above. (We) (did) (did)	view the body ofter deoth.
23A. SIGNATURE	23B. DATE SIGNED
	hys. Director Phys. 2
23C. PHYSICIAN'S NAME (Type)	230. ADDRESS
MORRIS CISTROTT DEGR	FEDINAUTE TOME TENTRAME
24A. BURIAL CREMATION, 24B. DATE / 24C, NAME of CEMETERY or C	CREMATORY 24D. LOCATION (City, town, or efunty) (State)
BURIAL 5-11-70 BALTIMORE HEBRE	
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD
The first of the second	11 9 5 7 0



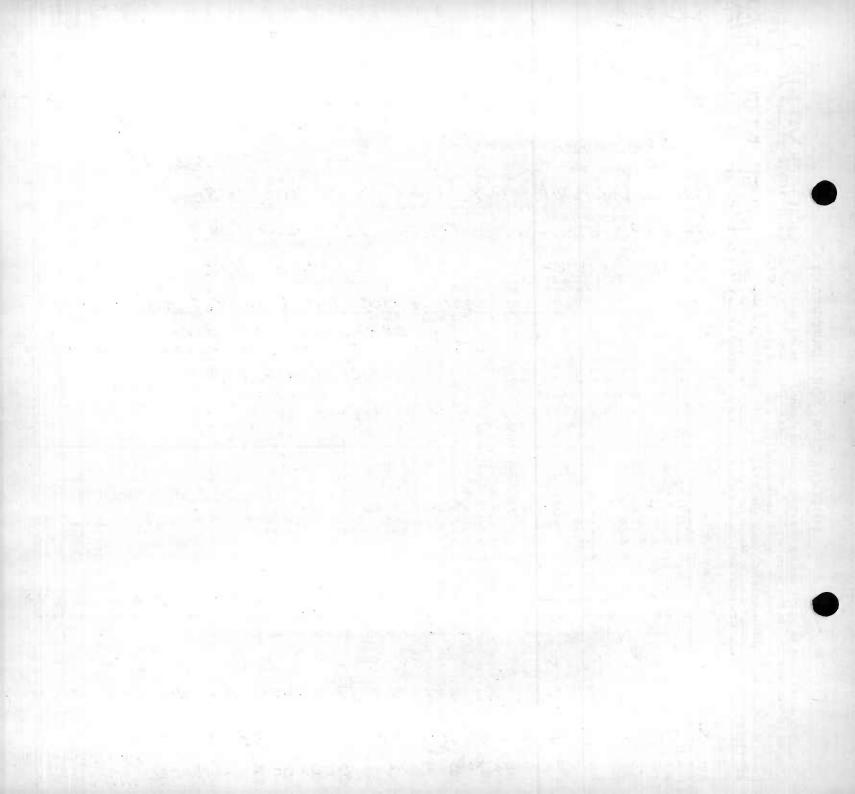
FUNERAL DIRECTOR:

L-620 70	400	BALTIMORE CITY	HEALTH DEPARTMENT	PEC NO	70 4905	
	7000	CERTIFICA	TE OF DEATH	REG. NO	70 3500	
1. NAME OF DECEASED (Type or Print) MARY LO	REK			ND HOUR OF DEATH		
3. PLACE IN BALTIMORE, MARYLAND, V	•	OUNCED DEAD	4. USUAL RESIDENCE (Wh	- 11 - 70 ere deceased lived II i	1 / 30	a
		TITUTION, GIVE STREET	MARYLAND.	NTY	274	41
			C. CITY OR TOWN		SIDE CITY LIMITS?	
414 WOION MEN	URIAZ	HOSPITAL	E. STREET AND NUMBER		YES NO	
				TRAVIA RO	AO	
S. SEX 6. RACE	7. MARRIE	I see of the water -	09-03-94	9. AGE (In years lost birthdoy) 72	II Under 1 Yr. II Under Months Doys Hours	r 24 Hr Min.
OA, USUAL OCCUPATION (Give kind of world	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT CO	OUNT
NONE			POLAND		USA	OUNT
3. FATHER'S NAME 9EOK9E JANOU	DOVI	1	4. MOTHER'S MAIDEN NA			
			VERONICA	VOZNIK		
5. Was Deceased Ever in U. S. Armed Far Yes, no or unknown) (If yes, give war or data	ces? s of service	1 6. SOCIAL SECURITY NO.	7. INFORMANT		ADDRESS	
18.44.36.91			GERTRUPE WH	ITE SONO	MARAVIA PD	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, il rise le line abave cause l'Al UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS COI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR	ony, givin sloling Ih NTRIBUTING	(C)	CONSEQUENCE OF:			********
19A-DATE OF OPERATION 19B. CON WAS PERF	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inolify medical examined	21 he	B. PLACE OF INJURY (e.g., in ome, form, foctory, street, office)	or obout 21 C. WHERE DID	(If In Boltimor	e City, give exect location)	
21 D. TIME (Month) (Doy) (Year)	(Hour) 21	E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
(APPROX.)		/hile At Not While At Work				
22. I certify that (I) (this hospital)			4-28	19 70 to 0	5-11	アン
that (1) (we) last saw the decease		and and an	= 10	•	nion death occurred on the	70
and have and from the causes stat	ed abave.	(I) (We) (did) (did not) vie		in (m)/ (out) upi	gentli occuited ou il	110 GO1
23A, SIGNATURE			7		23R DATE SIGNED	
Buelyn P. Ko 23C. PHYSICIAN'S NAME (Type)	war	DEGREE Phys.	ing Med.	Staff Phys.	05-11-70	
23C. PHYSICIAN'S NAME (Type) EVELYN P. /	NAVAK	RO H.O	D. ADDRESS UNION ME	ENOR/31	HOSPITAL	
AA. BURIAL CREMATION, 248. DATE		NAME of CEMETERY OF CREM	ATORY 24D. L	OCATION (Ci	ly, town, or county) (S	Stote)
BUPLAL OS -/4 -	70 GA	RDENS OF FA	17/1 JA	TO, COUNT	Y MARYLAN	YD.
Y 1 9 10711 (20 8 8 Ja	77	T. Marris Mark	230. FUNERAL DIRECTOR		ADDRESS	
1 7 10 1010 Accept 41 41	way m	20000	JOHNON WASIDED	LCANGIND L	1018 CHESTER S	

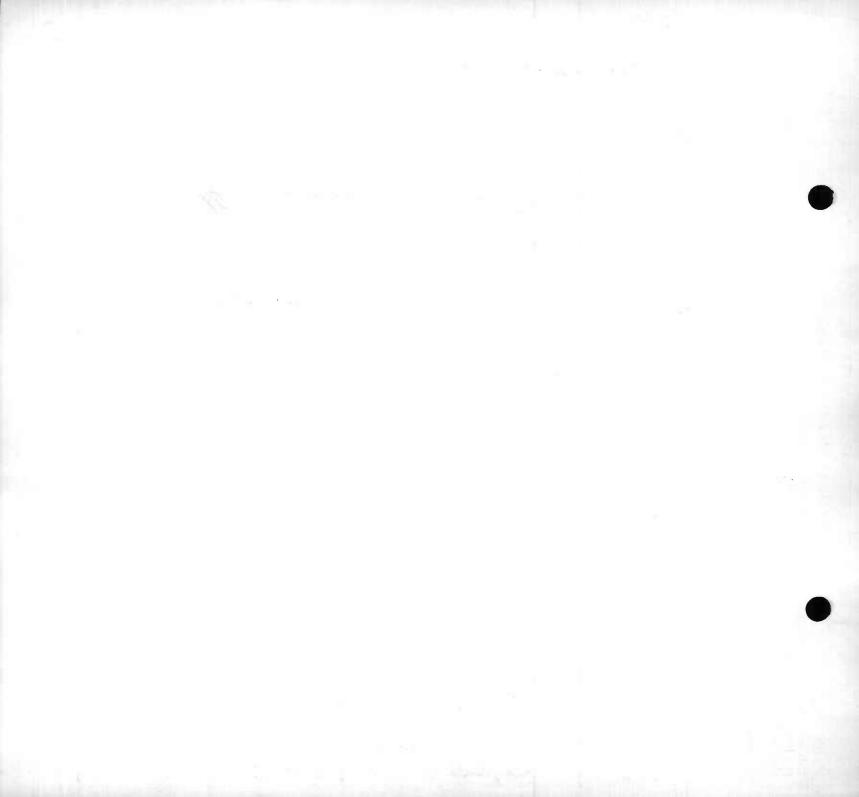


FUNERAL DIRECTOR:

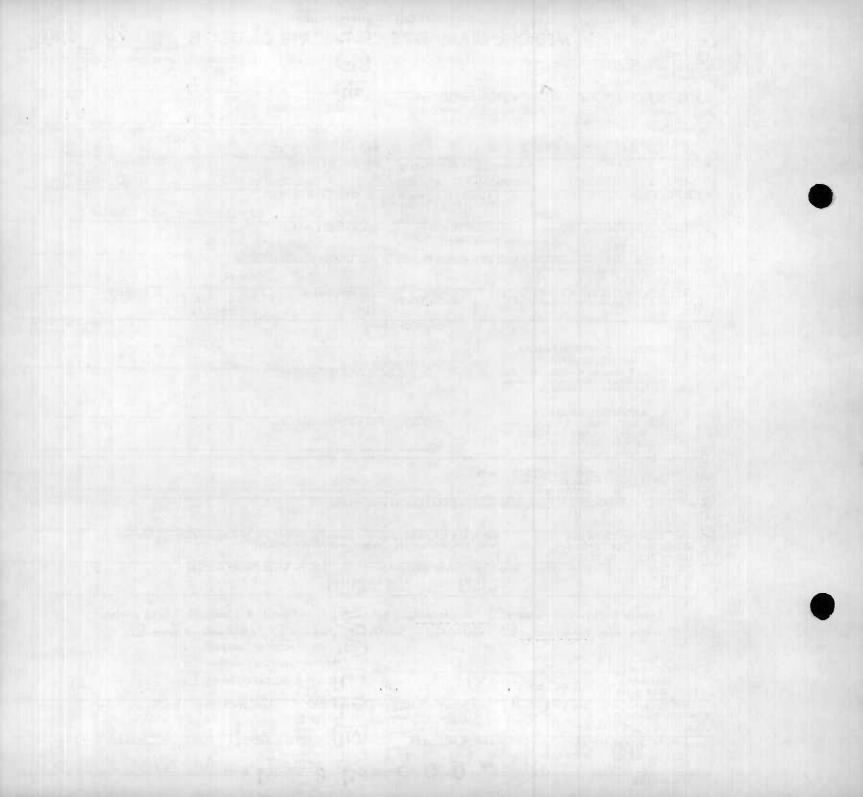
VS 150-REV. 1/1/68



VS 150-REV. 1/1/68



VS 151-REV, 1/1/68

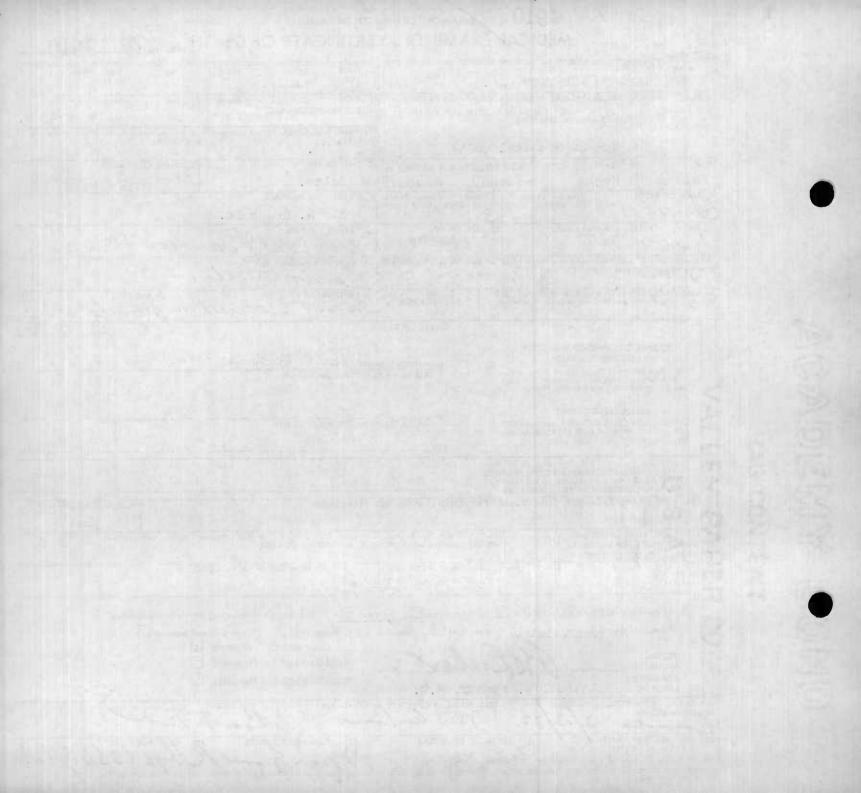


FUNERAL DIRECTOR: IMPORTANT

1-525 70 4009	ALTIMORE CITY	HEALTH DEPARTMENT	X	P10
BIRTH NO. C	ERTIFICA	TE OF DEATH	REG. NO.	70 4909
1. NAME OF DECEASED			ND HOUR OF DEATH	
JOHNSON, FANNIE	STELLE	MA		9:25A _M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED E	DEAD	A. STATE B. COU	ere deceosod lived. If ins NTY	titution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, G HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	IVE STREET	MARYLAND HO	ward	6300
INSTITUTION		C. CITY OR TOWN	D. INSID	DE CITY LIMITS?
ST AGNES HOSPITAL		E. STREET AND NUMBER	TY	YES NO X
7031 AGNES HOSFITAL			QUARTER RD	21043
5. SEX 6. RACE 7. MARRIED NEVE	R MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	DIVORCED [11 01 82	lost birthdoy) 87	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINES done during most of working life, even if retired)	S OR INDUSTRY	11. BIRTHPLACE (Stote or fore	eign country)	12. CITIZEN OF WHAT COUNTRY
SEAMSTRESS		MARYLAND		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
CUSTIS HORSEY		SARAH HANDY		
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCI	AL JRITY NO.	17. INFORMANT		ADDRESS
NO 216	10 8387	ST AGNES H	OSP BALTO	MD 21229
	USE OF DEATH		USI DALIU	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		\(\)	0 7	BETWEEN ONSET AND DEATH
LEADING TO DEATH IThis does not mean the mode of dying, e.g., (A	IMMEDIATE CAU		arrython	ed unmediale
heart loilure, asthenia, etc. It means the disease, injury or complication which caused deoth.)	DUE TO, OR AS A	CONSEQUENCE OF:		earce
ANTECEDENT CAUSES	1.04	n 1	land al Pa	16
DISEASES OR CONDITIONS, it any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	ena of	merges. winder
rise to the above cause (A) stating the				mus.
UNDERLYING CONDITION last. (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************	************************************		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O	PERATION	20A. AUTOPSY? (Yes or No	ON 208. IF YES, WERE FI	NDINGS CONSIDERED
		YES	1	
OP CONTRIBUTING TICALISE OF	octory, street, off	ar obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	(II In Bollimore	City, give exoct location)
S OF INJURY	Not While	21F. HOW DID INJ	URY OCCUR?	
Work L	At Work			
22. I certify that (1) (this hospital) attended the decea			19 70 to MAY	9 19 70
that () (we) last saw the deceased alive on MA)			at in (my) (our) opini	on death occurred on the date
and hour and from the causes stated above. (N (We) (d	id) (d)(d)/not) vi	ew the body after death.		
23A, SIGNATURE	Atten	ding Med.		23B, DATE SIGNED
Bizhan - Ebrahemy A	DEGREE Phys.	Director L	Staff Phys.	05 09 70
23C. PHYSICIAN'S	2	3D. ADDRESS		
BIZHAN EBRAHIMY M.D. 24A. BURIAL CREMATION, 24B. DATE REC. NAME of C.	DEGREE	ST AGNES HOS		
REMOVAL (Specify)		MATORY 24D. L	OCATION (City,	, town, or county) (Slote)
ENTOMBMENT 5/13/10 CREST	LAWIU		MARRIOTTS	VILLE, MO:
MAY 1 2 1970 P. C. C. P. J. C.	RAR	25C. FUNERAL DIRECTOR	LNTY FUNERA	LHOMEDRESS ELLICOTT CITY IMD.
MAY 1 2 19/0 Robert & Jakes 19/10		1 JOESHARRA	H. WITZKE-E	ELLICOTT CITY IMD.

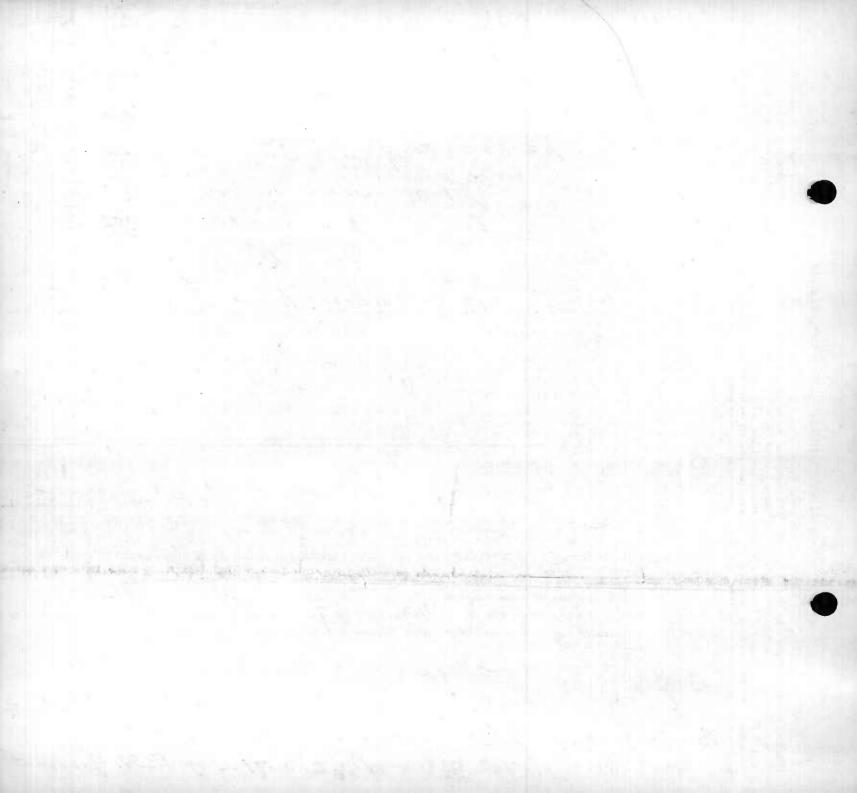
Santa Comment The said the said of the ser -Perton chirles y De No feet as an a

BIRTH NO. 70 15 4/ MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH REG, NO. 70 4910
I. NAME OF DECEASED J. (Type or Print) NELSON ROBINSON, JR.	2. DATE Known Month Day Year Hour OF DEATH Estimated M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Day Year Hour PRONOUNCED DEAD 5 10 1970 6:45 P.
	5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md. B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Balto. YES 🗵 NO 🗌
9. DATE OF BIRTH 10. AGE (in years Wunder 1 Yr. If Under 24 Hrs. Months, Days Hours Min. Min.	e. STREET AND NUMBER 309 N. Bruce St.
11. PIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	Norson for inson SR.
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service) 17. SOCIAL SECURITY NO.	The NET SOBINS on JUSINBRUED
19. CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. it means the disease, injury or camplicotion which caused death.)	AUSE Sudden Death in Infancy S A CONSEQUENCE OF:
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A).	S A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
Z22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., i	n or about 22C. WHERE DID (If in Baltimore City, give exact focation) bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) WHILE AT NOT WORK AT WO	22F. HOW DID INJURY OCCUR?
	ond that on this basis, death in my opinion Homicide Undetermined manner C
ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSEll S. Fisher, M.D.	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 5-11-70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY CREMOVAL (Specify)	r CREMATORY 24D. LOCATION (City, town, or county) (State)
25A. DATE REC'D BY HEALTH BEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR Plyz 635h.G. com

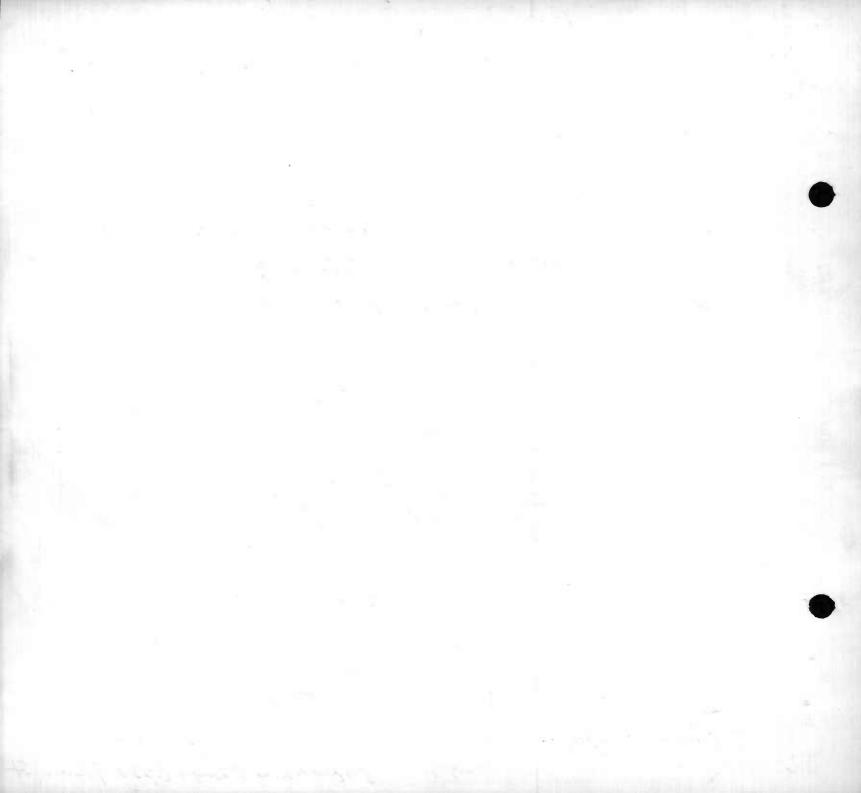


FUNERAL DIRECTOR: IMPORTANT

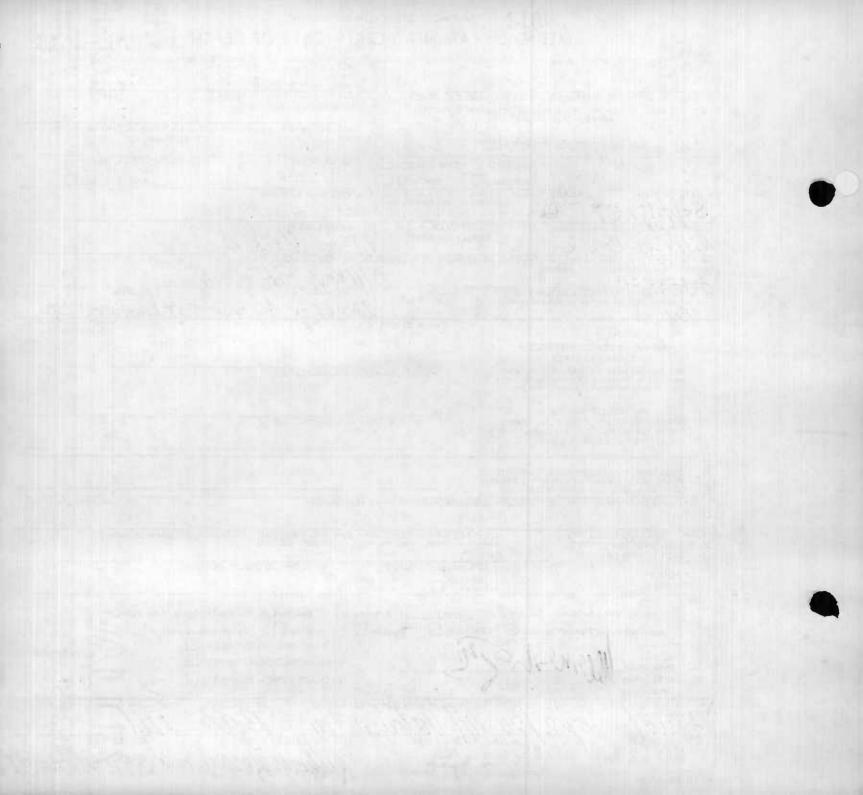
	1 11-2 50 1-1		HEALTH DEPARTMENT		70 1011
BI	rth No. 10 491	CERTIFICA	TE OF DEATH	REG. NO	4911
	NAME OF DECEASED (pe or Print) William	a. Clinto		NO HOUR OF DEATH	70 M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			nstitution: residence before admission)
H	JLL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INS	SIDE CITY/LIMITS?
1		10	Bnurimon	ro	YES NO
02	3134 Cuyan 1	FALLS PRING	3/34 6 wy	inv Face	es PKwy
S.	SEX 6. RACE 7. MARI	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		WED DIVORCED _	JAN 16-1926	44	
10 do	A. USUAL OCCUPATION (Give kind of work 10B, KIN ne during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
0	SERVICE STATION MAR	. 6850 Co.	MESONUILUS	N.C	484
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
-	Honny Clinton		Mary Str	m. Dy	
1.5. (Y	Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war or dates of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
	you wit	217-14-59/2	ACIO (/INTO	No Jana	orsules my
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	ACHO E ma	la alala as	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	SF M	1 40/10	Myn
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO, OR AS	CONSEQUENCE OF:	dire fire	237
	injury ar camplication which caused death.)	COMPAN	of Programs h		
	ANTECEDENT CAUSES	(B)	1 10000000	ryothidas	1/425
1	DISEASES OR CONDITIONS, if any, gi	3	A CONSEQUENCE OF:	mjarche	The state of the s
	UNDERLYING CONDITION last.	(c)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	•	
1	II				
Į į	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG NAL			
CATI	DISEASE OR CONDITION GIVEN IN PART I (A).	110000110011100111000000	20A. AUTOPSY? (Yes or N	o) 20B, IF YES WEDE	FINDINGS CONSIDERED
ERTIFI	WAS PERFORMED	The state of the s		IN CERTIFYING CA	AUSES OF DEATH?
CALC	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID ince bldg., INJURY OCCUR?	(If in Baltimo	re City, give exoct locotion)
EDI	OF INITION	21 E. INJURY OCCURRED	21 F. HOW DID IN.	IURY OCCUR?	
2	(APPROX.)	While At Not While At Work			
	22. I certify that (1) (this haspital) attend	led the deceased from	Mmon	1965 to	present 19
	that (1) (we) last saw the deceased alive	M. A			iman death accurred on the date
	and haur and fram the causes stated above	ve./(I) (We) (did) (did nat) v	iew the Bady after death.		
	23A. SIGNATURE				23B. DATE SIGNED
	Think Jamse	Atte	Med. Director	Staff Phys.	5/9/70
	23C. PHYSICIAM'S NAME (Type)		3D. ADDRESS		
	ELITAH LAUNDL	EK DEGREE	2300 Ga	verson /	IVI BALFO, NO YOU
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION	ity, town, or county) (State) C
1	mine shilan	Satto Noh	more la	aito m	
25	A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	1 11	ADDRESS BY
	MAY 1 2 1970 Jaber E. Ja	162, 169, ()	Mars Sant	D/Jong 10 C	55011 girminst
	150-REV. 1/1/6B				



VS 150-REV. 1/1/68



VS 151-REV. 1/1/68



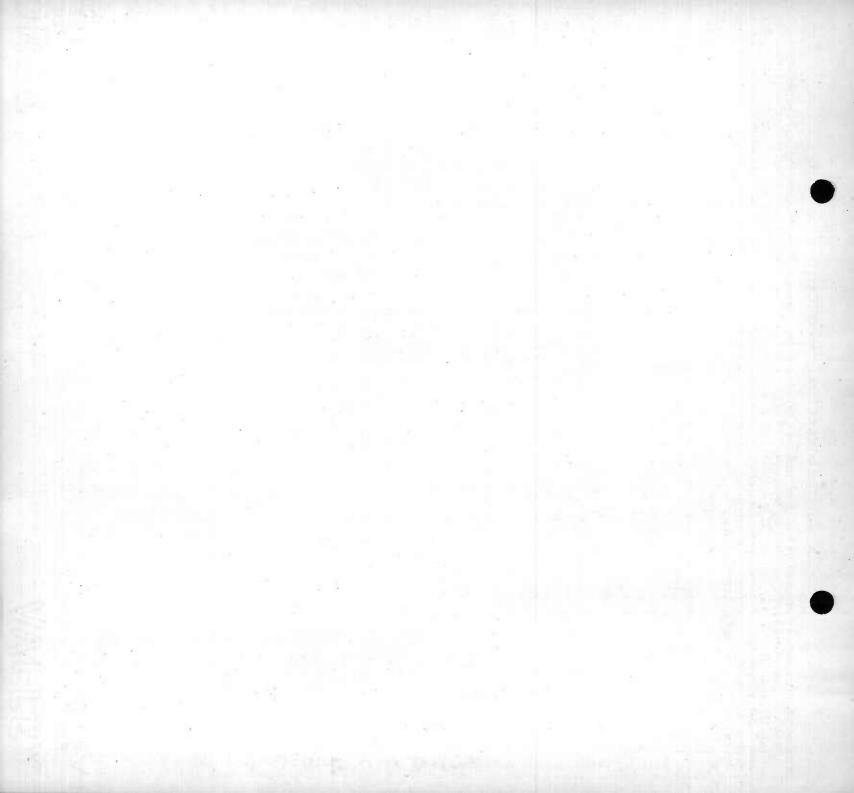
the same Patricians of the patrice of the same ANY T BEST AND SENTENCE THE Market Market has storedly Today

7

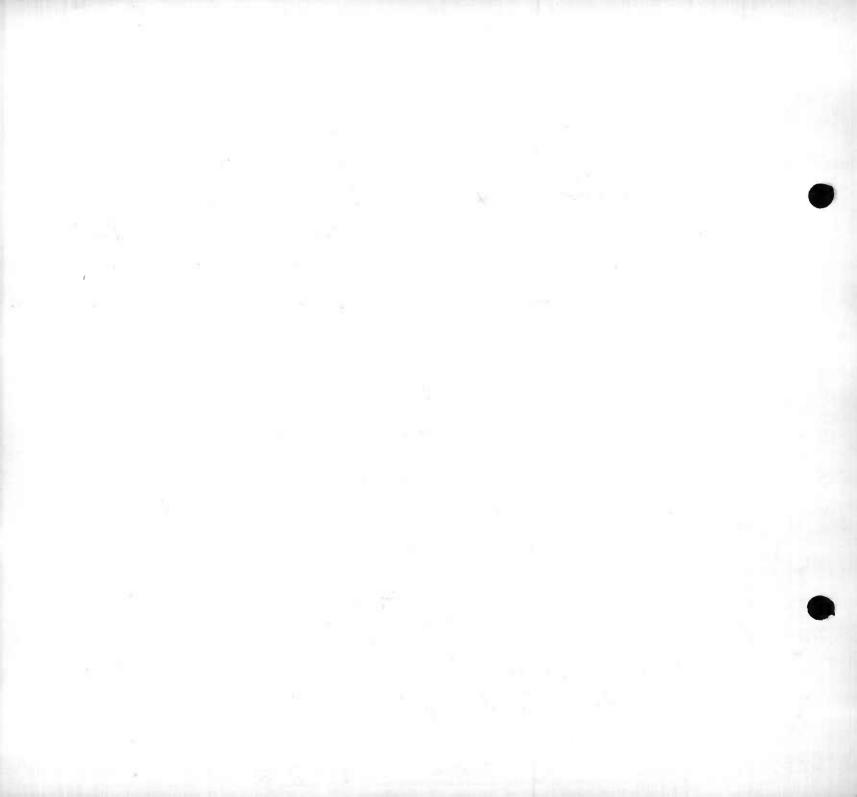
D. INSIDE CITY LIMITS YES -NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS 3406 Bateman Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) and that in (my) (aur) apinion deoth accurred an the dote 238, DATE SIGNED (City, town, or county) (State) deceased Maryland written shows: SB ADDRESS 3035 W. North Ave. NutCer (Mundral Home 3 VS 150-REV. 1/1/68

15

PM.



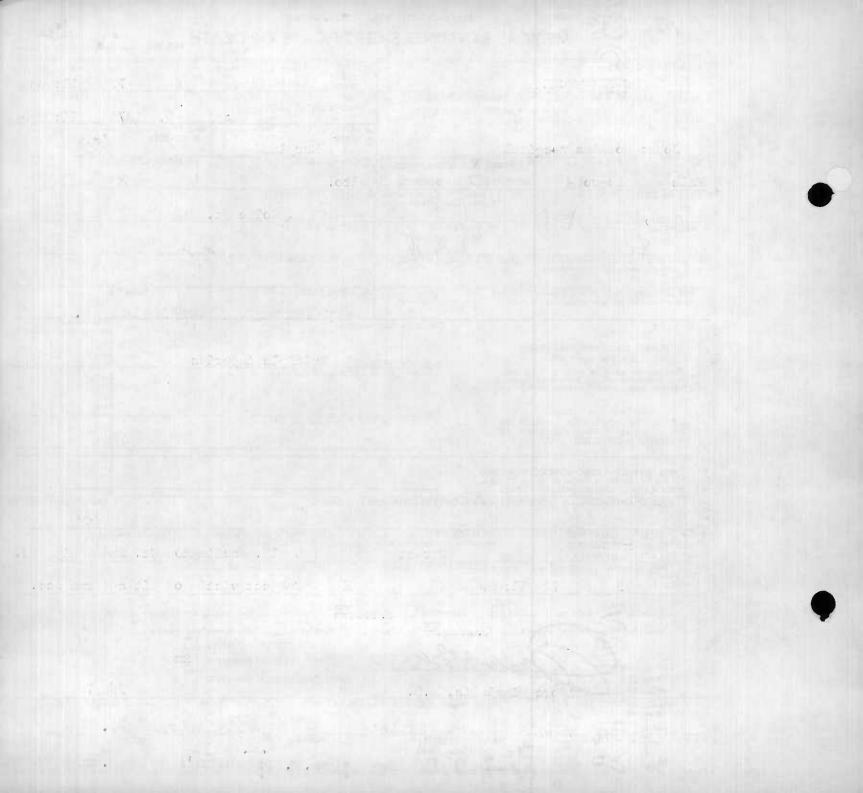
	1010		BALTIMORE CITY	HEALTH DEPARTA	MENT	חליי	1010
BIRTH NO.		1916	CERTIFICA	TE OF DEA	ATH REG. I	NO	4916
(Type or Print)	IRY FLO	REN	ICE JOHA	150N.	DATE AND HOUR OF	()	9 P.
3. PLACE IN BALTIMO	E, MARYLAND, WHER	E PRONO U	NCED DEAD	4. USUAL RESIDEN	CE (Where deceased liv	ed. Il institution: re	sidence before admission
FULL NAME OF (INSTITUTION	F NOT IN HOSPITAL	OR INSTITU	TION, GIVE STREET	C.CITY OR TOWN	- Bal	D. INSIDE CITY LI	1601
01111	+ 1	m.	0 0 11	BAL	To	YES	NO 🗍
5, SEX 6, 8A	546 09	1160	wheny Host.	E. STREET AND NO	N Cart	= x ST	
Fenale X	W W	MARRIED [NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In year lost birthdoy)	ors If Under Months	Doys Hours Min.
dans during most of working	life, even if refired)	KIND OF I	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sto	te or loreign country)	12. CITY	EN OF WHAT COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAI			
Richard H				-	Elizabet	h ?	
15. Wos Deceosed Ever in (Yes, no or unknown) (If yes	U. S. Armed Forces?	service)	6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
No	_		-	Mrs. Eliza	beth Brecken	ridge 90	7 N. Carey St
18.	(A)		CAUSE OF DEATH	1		1	APPROXIMATE INTERVAL
	CONDITION DIRECT	LY		(2) 0 0	· ·		ETWEEN ONSET AND DEATH
(This does not me	on the mode of dvir	1g. e.g.,	(A) IMMEDIATE CAU		monung t	Malen	4 hours
heart tailure, osther	ia, etc. It means the	disease.	DUE TO, OR AS A	CONSEQUENCE OF:	J		
	EDENT CAUSES		0	1	15.	0	
DISEASES OR CO	NDITIONS, if one.	giving	DUE TO, OR AS	A CONSEQUENCE OF	2 Domice	Λ	-
rise to the obounded	ve cause (A) slot	ing the	. ASP	1/10 -	40111		
	11		(c)		11 0 0 0		
OTHER SIGNIFICANT	CONDITIONS CONTRIE	BUTING	A				
DISEASE OR CONDITI	NOT RELATED TO THE TEL	11.	VOT	9			
E 19A-DATE OF OPERA	TION 198. CONDITION WAS PERFORM	N FOR WH	ICH OPERATION	20A AUTOPSY? (Ye	IN CERTIFYIN	WERE FINDINGS	CONSIDERED
	SUNDERLYING		enone of lyn	THE PARTY	100		
OR CONTRIBUTING	I anominad () /	home,	ACE OF INJURY (e.g., in farm, foctory, street, offi	ce pldg. INJURY OC	CUR? (If In B	oltimore City, give	exoct locotion)
	Doyl (Yeor (Ho		JURY OCCURRED		VJ		
OF INJURY	1 .1	While			DID INJURY OCCUR?		
		Work	At Work,	7	0		/
) (this hospital) atta		deceased from	108/120	19ta	6///	19_2
	aw the deceased oli		5///	19 7 0	and that in (my) (ou	r) opinian death	accurred an the date
23A. SIGNATURE	the couses stated o	bove. (I) (We) (did) (did not) vio	ew the body ofter	deoth.		
Hawle	1 V Kapl	Pan-	M. D Attend	ding Med.	Staff Phys.	23B. DATE	SIGNED 77
23C. PHYSICIAN'S NAME (Typel	AROLDJ	KA	PLANNO.23	D. ADDRESS	OP	ma	Hone
24A. BURIAL CREMATION REMOVAL (Specily)	4, 24B. DATE	24C. NAM	E of CEMETERY OF CREA	MATORY	24D. LOCATION	(City, town, or	countyl (Stote)
Burial	5/11/70	New C	Cathedral Cem	etery	Baltimore,	Maryland	
MAY 12 K	170 Paber E	NAME 95	REGISTRAR	25C. FUNERAL DI			ADDRESS
	10 valent E	, value	A CLOSE OF	Nutter F	uneral Home	3035 W. 1	North Avenue
/S 150-REV. 1/1/68							



Show Take Lumpage Geograp 2 TOO , we alook his . 90-05-8 -0,34 613 Arrand ... RCVR 5/01/2 gw multi the tell during distribution of the tell tell

70	4918
----	------

70 4918		BALTIMORE CITY HE					70	1018
MED	DICAL E	XAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	70	4910
BIRTH NO.								
I. NAME OF DECEASED			2. DATE OF	Known 🔲	Month	Doy	Yeor	Hour
LOUIS TUCKER	R.		DEATH	Estimated	5	8	70	11:09р м.
4. PLACE IN BALTIMORE, MARYLAND, Y	WHERE PRONG	DUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPIT. ADDRESS OR LOCA	ALOR INSTITUTI	ON, GIVE STREET	PRONO	JNCED DEAD	May	8,	1970	11:09 pm
OR INSTITUTION				ESIDENCE (Where	deceased li		: residence	
32 Tohna Wenking Wear	1401		A. STATE	M1		B. COUNTY	'>	114
Johns Hopkins Hosp			C. CITY OR	Maryland		ID. INSIDE C	TV I MAITS?	9/
1		NEVER MARRIED	C. CITT OK	101114				
Male Negroid	WIDOWED	DIVORCED .	Balto.	The same of		Y	ES 🔀	NO 🗆
P. DATE OF BIRTH 10. AGE (1	n years If U	nder I Yr. II Under 24 Hrs. ths Doys Hours Min.	E. STREET	ND NUMBER				
Sant d 1091	8	ins Doys Hours Min.	90	16 N U-14	in Ct			
Sept 8.1921 4 I. BIRTHPLACE(Stote or loreign country)		ITIZEN OF	13. FATHER	06 N. Wolf	e st.			
11. BIRTHTEACE (Store of foreign country)		WHAT COUNTRY?	IS. PATREK	2 IAWWE				
.Ya		U.S.A.						
4A.USUAL OCCUPATION (Give kind of work lone during most of working life, even if refired)	14B. KIND OF	BUSINESS OR INDUSTR	15. MOTHE	R'S MAIDEN NA	WE			
one during most of working lile, even it refired)								
6. WAS DECEASED EVER IN U.S. ARMEI	D FORCES?	[17. SOCIAL	18. INFORM	AANIT		A	DDRESS	
(es, no or unknown) (il yes, give wor or dates	of service)	SECURITY NO.						
			Mary	Tucker	806 V	Vashing	ton	St.
19		CAUSE OF DEA					A	PPROXIMATE INTERVAL
16011							DEST	WEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE	CTLY							
LEADING TO DEATH		(A)IMMEDIATE		Multiple i	njurie	es		
(This does not mean the mode of di heart follure, ostherio, etc. it means the	ying, e.g., e disease.	DUETO, OR	AS A CONSEQ	UENCE OF:				
Injury or complication which coused de	alh.)							
ANTECEDENT CAUSES		(8)						
DISEASES OR CONDITIONS, IF AN	Y, GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:				
UNDERLYING CONDITION LAST.	illo ille	(6)						
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P		(c)						
OTHER SIGNIFICANT CONDITIONS OF	CALITRIBUTIAN							
OTHER SIGNIFICANT CONDITIONS C	ON KIBUTING							
DISEASE OR CONDITION GIVEN IN P	PART 1 (A)-							
20A. DATE OF OPERATION 20B. CO	NDITION FOR	WHICH OPERATION W	AS PERFORM	ED			21. AUTO	OPSY? (Yes or No)
0 9 /							T v	ES
22A. EXTERNAL CAUSE WAS	1228	DI ACE OF INITIDA	In an about 2	2C WUEBE DID	/tl v. O lat o	- City - Land		
UNDERLYING TOP CONTRIB.	home	PLACE OF INJURY (e.g., form, factory, street, office	e bidg., etc.)	NURY OCCUR?	fii iu baiiiwa	re City, give ex	er romiton)	104
UTING CAUSE OF DEATH.		Street	1	800 blk.	Washir	igton St	. and	Ashly Ave.
22D. TIME (Month) (Doy) (Yea	r) (Hour) 2	2E.INJURY OCCURRED	5 1 2	2F. HOW DID IN				
OF INJURY (APPROX.) 5 8 70	11:00	VHILE AT THE NOT	WHILE	0.1.1				
	TT: OW'BY	VORK L AT V	ORKX	Subject	VICT	m or ni	t and	run acc.
23.		-	3537					
I certify that I held an	Inquiry 🔲	Inspection Au	top sy	and that on the	his basis,	death in my	opinion	
resulted from: Natural cas	A Dees	ccident XX Suicio	He He	micide 🗌	Undetermi	ned manner		
	7	45		CHIEF MEDICAL E				
ACTUAL	¥ .	11/11						DATE SIGNED
SIGNATURE	Rullot	M.D. M.D	ASSI	STANT MEDICAL	XAMINER	XX		
EXAMINER'S	7600			CIATE MEDICAL	XAMINER		-1-1	
	Mihala	kis, M.D.	,				5/9/	70
24A. BURIAL CREMATION, 124B. DATE			or CREMATO	RY 124D.	LOCATION	ICina have	n, or county	
REMOVAL (Specify)	24	C. NAME of CEMETERY						(State)
	24	C. NAME of CEMETERY		2.00		(City, low	n, or county	(Stote)
Burial 5/1/) (Stote)
Burial 5/14,	/70 Fi	rst Babtis	t	Wa	allyi	sburgh	Va.) (Stote)
25A. DATE REC'D BY HEALTH DEPT.	/70 Fi	rst Babtis	t	Wa	allyi	sburgh	Va.	
Burial 5/14, 25A. DATE REC'D BY HEALTH DEPT. MAY 1 2 1970	/70 Fi		t	Wa	allyi	sburgh	Va.	(Stote)
25A. DATE REC'D BY HEALTH DEPT.	/70 Fi	rst Babtis	t		allyi	sburgh	Va.	



BALTIMORE	CITY	LIEALTH	DED A DTAKE	19
DALLIMURE	CILL			

	70	4919	MEDI	CAL			NER'S					DEA	ты	۲	70	49	19
BIRT	INO.	1010	MEDI	CAL		\~\/\	IAEK 2	CERI	ILI	CAI	E OF	DEA	REG. N	0			
1. NA (Type	or Print)		VIEL WAL	VED	C-			2. DA	F	Know	n oted 🗆	Month	Day 5 9	70	ear	9:20 p	
4. PL	ACE IN BAL		ARYLAND, W		ONO		DEAD	3. DA	ATH TE	CRIIN	iored L	Month	Day		eor	Haur P	М.
HOSP	NAME OF		OT IN HOSPITAL		ITUTIC	ON, GIVE	STREET			NCED I		May	9,	197	_	9:20	Рм
0		2618 W	Voodbroo	k Ave	a.			A. STA	ATE	Mary]	W.	e deceased	B. COUNT		3	03	ionj
6. SE	X	7. RACE		B. MARR	EDX	NEVER	MARRIED	C. CIT	Y OR	TOWN			D. INSIDE	CITY LIM	TS?		
	ale	Negr		WIDOW			DIVORCED	11	Balt					YES TO	1	по 🗆	
	TE OF BIRT		lost birthdoy	yeors)	Month Month	der 1 Yr. I	f Under 24 Hrs. Hours Min.	E. STR		100 NU		rook A	Ave.				
	RTHPLACE (itale or fare				ITIZEN C	UNTRY?	13. FA	THER'	SNAM	E	J. J.					
14A.U	S.C		ive kind of work 1	4B, KIND	OF B	U.S.	OR INDUSTR	Y 15. M	OTHER	'imr	OSE DEN NA	"alke	er				
dane d	uring most of v	vorking life, e	ven if retired)														
			U.S. ARMED			17. SOC		18. IN	FORM		Udl	rett		ADDRES	S		
(Yes, n	ves	11 1 / L	to 11	146			65843	De	lor	205	Walk	er	2019	N.	P111	laski	St
19	41	2.4					AUSE OF DEA								API	PROXIMATE INT	TERVAL
	DISEAS	E OR CON	DITION DIREC	TLY		Art	eriosc1	erot	ic	card	iovas	cular	disease	e			
		LEADING T				(A)IMMEDIATE										
	heart foliure	, osthenio, ei	e mode of dyle to it means the color to the color of the	diseose,			DUE TO, OR	AS A CO	NSEQ	UENCE	DF\$						
				,													
		NTECEDEN OR CONDI		GIVING		(DUE TO, OR	AS A CO	ONSEC	UENCE	OF:						
	UNDERLYIN	ABOVE C	TIONS, IF ANY, AUSE (A) STATI TION LAST.	NG THE		,											
ğ-			tl.			(c)										
CERTIFICATION	TO THE DE	ATH BUT NO	ONDITIONS CO OT RELATED TO T IN GIVEN IN PAI	HE TERMI	ING												
20			N 208. CON		FOR V	WHICH C	PERATION W	AS PERI	FORM	ED				21. A	UTO	PSY? (Yes or	No)
	21														YE	S	
	A EXTER INDERLYING ITING CA		NTRIB-		22B. P	LACE OF	INJURY (e.g., lory, street, office	in or ob e bidg., o	etc.) IN	UURY C	ERE DID	(II in Baltin	nore City, give	exact locat	ion)		
2 2	FINJURY		(Doy) (Year)	(Hour		HILE AT C	OCCURRED	WHILE P	22	2F. HOV	N DID IN	JURY OC	CUR?				
23	APPROX.)					ORK L		VORK L									
		Ify that I	held an In	quiry []	Inspect	ion Au	topsy	KX.	and t	hat on t	this basis	s, death in n	y opinio	on		
	resul	ted from:_	Notural caus	es XX	Ac	cident	Sulci	de 🗌	Но	micide		Undeter	nined manne				
	4.000.00		111	7/	1	11						EXAMINE				DATE SIGN	ED
	SIGNAT		7/1/10	cha	lay	47	M.c).	ASSIS	M TNAT	MEDICAL	EXAMINE	≀ bxk			DAIL 31014	
	EXAMIN NAME (7-11	2012		1			ASSO	CIATE N	MEDICAL	EXAMINE		- /1	0 /-		
	BURIAL CRE	MATION,	Isidore 248. DATE	Mina			of CEMETERY	or CRE	MATO	RY	24D.	LOCATIO	N (City, to	5/10 wn, or co			p)
	oval (Speci Burial	• • • •	5-14-	70		Balt	o. Nat	1].	Ce	m.	В	altin	nore, l	[arv]	Lar	ıd	
-	DATE REC'D		DEPT.	258 N	AME	OF REGI	STRAR				L DIRECT		Bailey				
	YAM	1219	ال الفاقع	1 E.	104	Beng N	0.00		Kel	son	F,H		348 Cal			Street	,
VS 15	1-REV. 1/1/6	В		-					-	*, #	63						L

BROWNING CONTROL OF THE CONTROL OF THE

IMPORTANT

FUNERAL DIRECTOR:

ILE/A	BALTIMORE CITY	HEALTH DEPARTMENT		70 4020
7000 70 40	20 CERTIFICA	TE OF DEATH	REG. NO	10 4960
NAME OF DECEASED	AU		D HOUR OF DEATH	
ype or Print) Timothy E. Henr	T Tm		9-70	0 P.
PLACE IN BALTIMORE, MARYLAND, WHERE P		4. USUAL RESIDENCE (When	e deceosed lived. If i	institution; residence before admission)
		A. STATE B. COUN	TY	anl
ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Md		701
DTEICATE AM	ENDED-	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
3951 Greenmo	EINULD 726	Baltimore		YES X NO
) Jagi Greenino	unt Ave.	E. STREET AND NUMBER	1 A	
			mount Ave	
SEX 6. RACE 7. MA	RRIED NEVER MARRIED	10-10-22	9. AGE (In years tost birthday)	Months Doys Hours Min.
4.4	OWED DIVORCED X	10-22-22	47	
A. USUAL OCCUPATION (Give kind of work 10 B. KII ne during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
	rewery	Boltimono	Ma	USA
FATHER'S NAME	T.e.MeT.A	Baltimore. 14. MOTHER'S MAIDEN NAM	ME PICE	USA
Timothy E. Henry, Sr		Mary Harley	rarvis	
. Wos Deceosed Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of se	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes WW II	214-03-7230	Henry B. Kin	mey 630	Piccadilly Rd.
18. // // 9 1	CAUSE OF DEAT	Н	0 - 0 -	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Congr	Dance of The same	oila	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL		1000	masin
(This does not meen the mode of dying,	e.g., ODE TO OR AS	A CONSEQUENCE OF:	M.	. 10
heart failure, asthenia, etc. II means the distinjury or complication which caused death.		and that the	SUP Trop	ease william
ANTECEDENT CAUSES		- 101.		
	(B)	A CONSEQUENCE OF:		***************************************
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting	giving	A CONSEQUENCE OF:		
UNDERLYING CONDITION Iosi.	(c)		00.000.000.000.000.000.000.000	
II			-	
OTHER SIGNIFICANT CONDITIONS CONTRIBU				
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
WAS FERFORME		No	III CERIII IIII C	TO SES OF DEATH.
21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., home, form, factory, street, o	n or obout 21 C. WHERE DID	(If in Boltimo	re City, give exoct locotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	etc.)	ince bidg., INSOKT OCCOK:		
21D. TIME (Month) (Doy) (Year) (Hour	21E. INJURY OCCURRED	21F, HOW DID INJ	URY OCCUR?	
OF INJURY	While At Not Whi			
(A PPROX.)	Work Al Work			
22. 1 certify that (1) (this hospital) atter	ded the deceased fram	may 7	1963 ta	MAY 9 19 70
that (1) (ast saw the deceased aliv-	e on MAY G	19 70 and the	at in(my) (our) an	inian death accurred an the da
			,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
23A. SIGNATURE	ive. (i) (me) (dia) (dia nat)	riew the bady after death.		23B, DATE SIGNED
The state of the s	01-00 hus am	ending Med.	Staff	230, DATE SONED
1 cos 12 c/ 4005	DE GREE Phy	s. Director	Phys.	70
23 C. PHYSICIAN'S NAME (Type)	0	23D. ADDRESS		
Dr. Martin. L. Sir	gewald	11 E. Chase	St.	
A. BURIAL CREMATION, 248, DATE	AC. NAME of CEMETERY OF CR			City, town, or county) (State)
REMOVAL (Specify)				318]
Burial 5-9-70	Dulaney Valle	Gardens Tin	nonium,	Md.
SA, DATE REC'D BY HEALTH DEPT.	ME OF REGISTRAR	H.W. Jenkins	Sons Co.	4905 York Rd.
MAITS DIN Copers of Mark	WALKER CO.		Baltimor	e, Md. 21212
C 100 BEN 1/1//9	77-0	1 4 9 11 6		

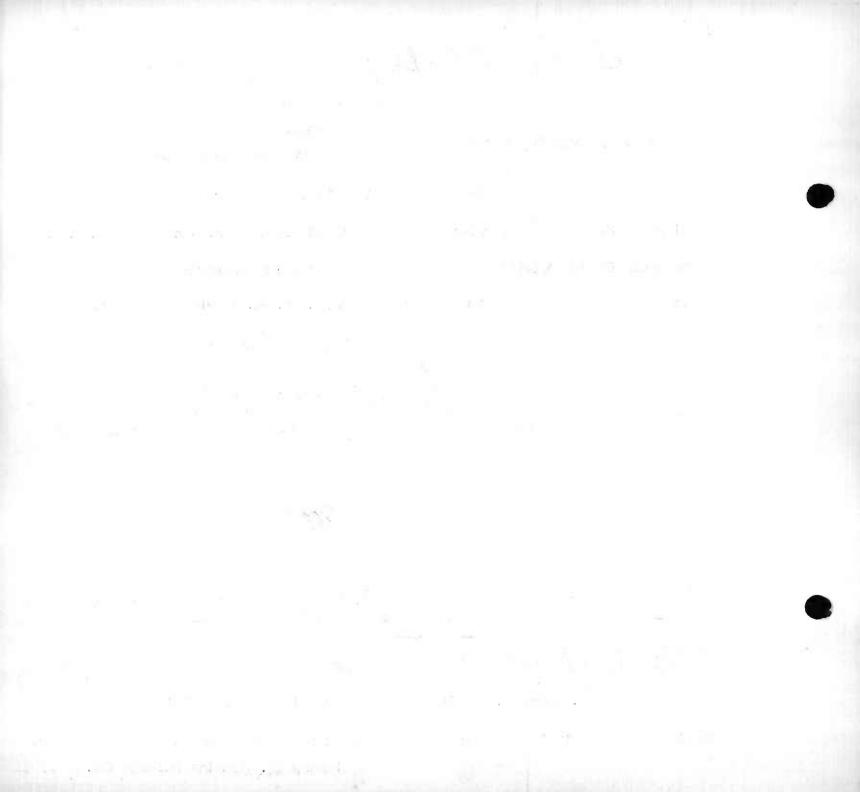
5/26/70 - Correction form from funeral director.

J - 11 - 18

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

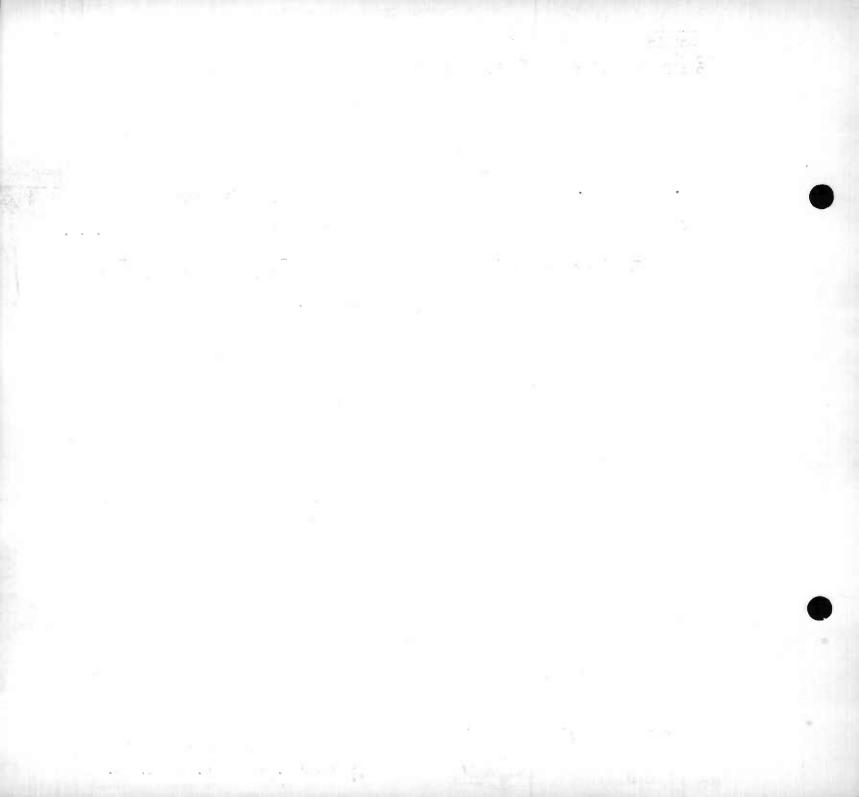


101 -1, 160 3,366	HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO.	70 4922
I. NAME OF DECEASED	2. DATE Known Manth Day	Year Hour
(Type or Print)	OF 5 5 5	10-1
MAMTE MARYLAND 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	J. J	70 2:14 а м.
	3. DATE Month Doy PRONOUNCED DEAD	Year Hour
HOSPITAL ADDRESS OR LOCATION)	May 5,	1970 2:14 a m.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If instituti	ion: residence befare admission)
Bon Secours Hospital	A. STATE B. COUNTY	2.002
	Maryland O. CITY OF TOWN D. INSIDE	
6. SEX 7. RACE B. MARRIED NEVER MARRIED	D. INSIDE	CITY LIMITS?
Female Negro WIDOWED DIVORCED	Balto.	YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. 11 Under 24 Hi 2 - 28 - 1920 Soft birthdoy) Months, Days Hours Mi	s. E. STREET AND NUMBER	
11. BIRTHPLACE (State or largeign country) 12. CITIZEN OF	13. FATHER'S NAME	
MHAT COUNTRY?	The in Muggan	0)
Math Carolina	Jewis Niggin	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUS done during mast of working life, even if retired)	Maggie McDaw	rell
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT	ADDRESS
(Yes, no or unknown) (II yes, give war or dates of service) SECURITY NO.	not live & Marine	L Same
19. CAUSE OF D	of twood I wo pay	APPROXIMATE INTERVAL
CAUSE OF DI	EATH	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (ASIMMEDIAT	Subdural hematoma	
	R AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	OR AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION 145T		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION 145T		21. AUTOPSY? (Yes or No)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED	YES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION 20B. CONDITION FOR WHICH OPERATION 20B. CONDITION FOR WHICH OPERATION 20B. 22A. EXTERNAL CAUSE WAS 122B PLACE OF INJURY (A).	WAS PERFORMED g., in ar obout 22C, WHERE DID (If in Bakimore City, about	YES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION 20B. CONDITION FOR WHICH OPERATION 20B. CONDITION FOR WHICH OPERATION 20B. 22A. EXTERNAL CAUSE WAS 122B PLACE OF INJURY (A).	WAS PERFORMED g., In ar obout 22C. WHERE DID (If In Baltimore City, give e fice bldg., etc.) INJURY OCCUR?	YES YES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION 20B. CONDITION FOR WHICH OPERATION 20B. UNDERLYING OR CONTRIB. Home, farm, factory, street, of UTING CAUSE OF DEATH.	WAS PERFORMED g., in ar obout 22C. WHERE DID (If in Baltimore City, give e fice bldg., etc.) INJURY OCCUR? 22 N. Pulask	YES YES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION 20B. CONDITION FOR WHICH OPERATION UNDERLYING OF CONTRIBUTING CAUSE WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH. 22B. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRENCE OF INJURY (APPROX.) 1 25 70 ?	WAS PERFORMED g., in ar obout 22C. WHERE DID (if in Bahtimore City, give e fice bldg., etc.) INJURY OCCUR? 22 N. Pulask	YES Exect location) Fig. St. 2002
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION UNDERLYING OR CONTRIBUTING CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. UTING CAUSE OF DEATH. DISEASES OR CONDITIONS, IF ANY, GIVING THE ABOVE THE ABOV	was performed 22C. Where DID (if in Boltimore City, give e fice bldg., etc.) INJURY OCCUR? 22 N. Pulask 22F. How DID INJURY OCCUR? Subject apparently fe	YES Exact location) Exi St. 2002 Ellown stairs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION 10 UTING CAUSE OF DEATH. UTING CAUSE OF DEATH. UTING CAUSE OF DEATH. UTING CAUSE OF DEATH. 1 certify that I held on Inquiry Inspection A	was performed on in ar obout 22C. Where DID (if in Bahimore City, give e 22 N. Pulask D. 22F. How DID INJURY OCCUR? Subject apparently fework and that on this basis, death in m	YES Exect location) Fi St. 2002 Call down stairs The opinion
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 22A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT WORK AT AT AT AT A CONTRIBUTION OF INJURY (APPROX.) 1 25 70 ? m. WHILE AT WORK AT AT AT A CONTRIBUTION OF INJURY (APPROX.) 1 25 70 ? m. WHILE AT WORK AT AT A CONTRIBUTION OF INJURY (APPROX.) 1 25 70 ? m. WHILE AT WORK AT AT A CONTRIBUTION OF INJURY (APPROX.) 1 25 70 ? m. WHILE AT WORK AT AT A CONTRIBUTION OF INJURY	WAS PERFORMED D. in ar obout 22C. WHERE DID (if in Boltimore City, give e 22 N. Pulask D. 22F. HOW DID INJURY OCCUR? Subject apparently fework Autopsy XX and that on this basis, death in melde Undetermined manner	YES Exect location) Fi St. 2002 Call down stairs The opinion
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION 10 CONTRIBUTING OR CONTRIBUTION FOR WHICH OPERATION 10 CONTRIBUTION FOR WHICH OPERATION	was performed on in ar obout 22C. Where DID (if in Bahimore City, give e 22 N. Pulask D. 22F. How DID INJURY OCCUR? Subject apparently fework and that on this basis, death in m	YES Exect location) Ti St. 2002 Call down stairs Ty opinion
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION UNDERLYING OR CONTRIBUTING CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. UTING CAUSE OF DEATH. DISEASE OR CONDITIONS CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF INJURY (APPROX.) 1 25 70 ? m. WHILE AT WORK AT ALCIDENT OR COURSE OF DEATH. 23. I certify that I held on Inquiry Inspection ACTUAL ACTUAL	WAS PERFORMED 22C. WHERE DID (If In Boltimore City, give e 22 N. Pulask 22 N. Pulask 22 N. Pulask 22 N. Pulask 24 N. Pulask 25 N. Pulask 25 N. Pulask 25 N. Pulask 26 N. Pula	YES Exect location) Fi St. 2002 Call down stairs The opinion
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION UNDERLYING OR CONTRIBUTING CONTRIBUTION CONTRIBU	WAS PERFORMED 9. In ar obout 22C. WHERE DID (if in Boltimore City, give e 22 N. Pulask 22 N. Pulask DI WHILE Subject apparently fe work and that on this basis, death in medical Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	YES Exect location) Ti St. 2002 Call down stairs Ty opinion
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION UNDERLYING OR CONTRIBUTING CONTRIBUTION CONTRIBU	WAS PERFORMED 22C. WHERE DID (If In Boltimore City, give e 22 N. Pulask 22 N. Pulask 22 N. Pulask 22 N. Pulask 24 N. Pulask 25 N. Pulask 25 N. Pulask 25 N. Pulask 26 N. Pula	YES PACE SIGNED YES PACE SIGNED
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION UNDERLYING OR CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OF INJURY (ADPROX.) 1 22B. PLACE OF INJURY (APPROX.) 1 25 70 ? m. WORK MAIL AT MORE OF INJURY (APPROX.) 1 25 70 ? m. WORK AT MORE OF INJURY (APPROX.) 1 25 70 ? m. WORK MORE OF INJURY (APPROX.) 1 25 70 ? m. WORK MORE OF INJURY (APPROX.) 1 25 70 ? m. WORK MORE OF INJURY (APPROX.) 1 25 70 ? m. WORK MORE OF INJURY (APPROX.) 1 25 70 ? m. WORK MORE OF INJURY (APPROX.) 1 25 70 ? m. WORK MORE OF INJURY OF INJURY (APPROX.) 1 25 70 ? m. WORK MORE OF INJURY OF INJURY (APPROX.) 1 25 70 ? m. WORK MORE OF INJURY	WAS PERFORMED 9. In ar obout 22C, WHERE DID (If In Boltimore City, give e 22 N. Pulask 24 N. Pulask 25 N. Pulask 25 N. Pulask 26 N. Pulask 26 N. Pulask 26 N. Pulask 27 N. Pulask 26 N. Pulask 27 N. Pulask 27 N. Pulask 28 N. Pu	YES Exect location) Fi St. 2002 Call down stairs y opinion DATE SIGNED
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION UNDERLYING OR CONTRIBUTING CONTRIBUTION CONTRIBU	WAS PERFORMED 9. In ar obout 22C, WHERE DID (If In Boltimore City, give e 22 N. Pulask 24 N. Pulask 25 N. Pulask 25 N. Pulask 26 N. Pulask 26 N. Pulask 26 N. Pulask 27 N. Pulask 26 N. Pulask 27 N. Pulask 27 N. Pulask 28 N. Pu	YES PACE SIGNED YES PACE SIGNED
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. V 22A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH. UTING CAUSE OF DEATH. V 25 70 RMHILE AT WORK AT ACCIDENT OF COURSE OF CONTRIBUTION OF INJURY (APPROX.) 1 25 70 RM WHILE AT WORK AT ACCIDENT OF COURSE OF COU	WAS PERFORMED 9. In ar obout 22C, WHERE DID (If In Boltimore City, give e 22 N. Pulask 24 N. Pulask 25 N. Pulask 25 N. Pulask 26 N. Pulask 26 N. Pulask 26 N. Pulask 27 N. Pulask 26 N. Pulask 27 N. Pulask 27 N. Pulask 28 N. Pu	YES Exect location) Fi St. 2002 Call down stairs y opinion DATE SIGNED
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION 10 DISEASE OR CONTRIB. UNDERLYING CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 4 25 70 ? MHILE AT WORK AT AT WORK AT AT A COLDEN TO THE STANDARD OF INJURY CAPROX.) 1 Certify that I held on Inquiry Inspection A ACTUAL SIGNATURE EXAMINER'S NAME (Type) T. S. Idaye Mihalakis M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER CAPACITY COLDEN TO THE STANDARD OF CEMETER CAPACITY CANADA COLDEN TO THE ACTUAL SIGNATURE EXAMINER'S NAME (Type) T. S. Idaye Mihalakis M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER CAPACITY CANADA COLDEN TO THE TERMOVAL (Specify) SULLANDARD OF CEMETER CAPACITY CANADA COLDEN TO THE TERMOVAL (Specify) SULLANDARD COLDEN TO THE TERMOVAL CO	WAS PERFORMED D. in ar obout 22C. WHERE DID (if in Boltimore City, give e 22 N. Pulask 22 N. Pulask 22 N. Pulask 22 N. Pulask 24 N. Pulask 25 N. Pulask 25 N. Pulask 26 N. Pulask 26 N. Pulask 26 N. Pulask 27 N. Pulask 26 N. Pulask 27 N. Pulask 27 N. Pulask 27 N. Pulask 28 N. Pu	YES Exact location) Fi St. 2002 Fill down stairs PATE SIGNED 5/5/70 We, or county) (State)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION UNDERLYING OR CONTRIB. UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRENCE OF INJURY (APPROX.) 1 25 70 7 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 7 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 7 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 7 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 7 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 7 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 7 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 7 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 7 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 7 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 7 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 7 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 7 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 7 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 7 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 7 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 7 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 0 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 22E.INJURY OCCURRENCE OF INJURY (APPROX.) 1 25 70 0 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 0 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 0 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 0 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 0 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 0 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 0 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 0 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 0 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 0 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 0 m. WORK NATED ACIDENT OF INJURY (APPROX.) 1 25 70 0 m. WORK NATED ACIDENT OF INJURY (APPRO	WAS PERFORMED 9. In ar obout 22C, WHERE DID (If In Boltimore City, give e 22 N. Pulask 24 N. Pulask 25 N. Pulask 25 N. Pulask 26 N. Pulask 26 N. Pulask 26 N. Pulask 27 N. Pulask 26 N. Pulask 27 N. Pulask 27 N. Pulask 28 N. Pu	YES Exect location) Fi St. 2002 Call down stairs y opinion DATE SIGNED

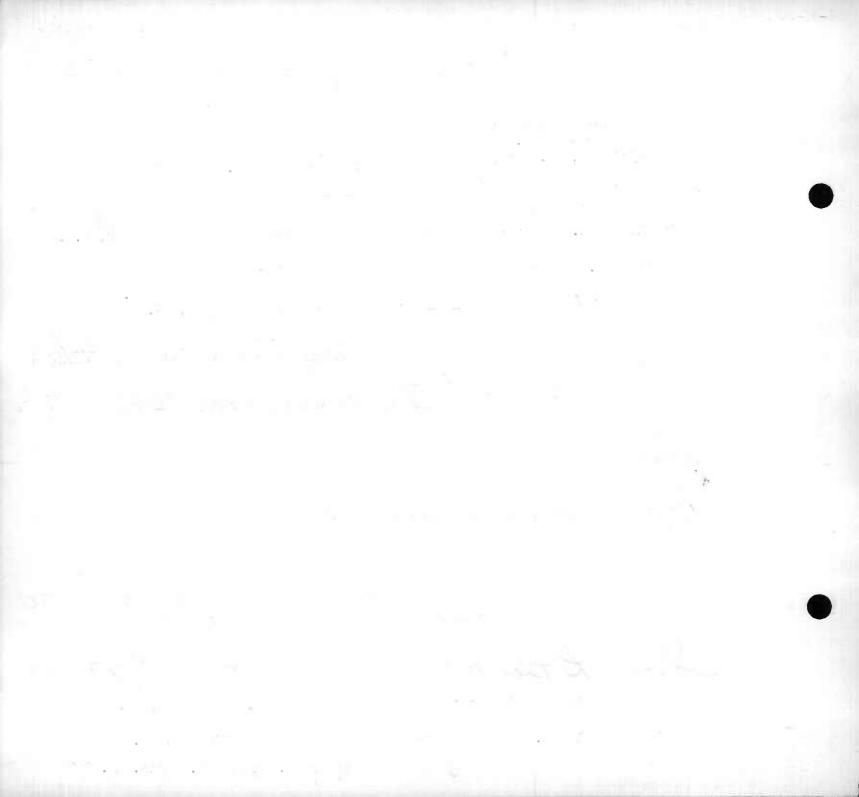
IMPORTANT

DIRECTOR:

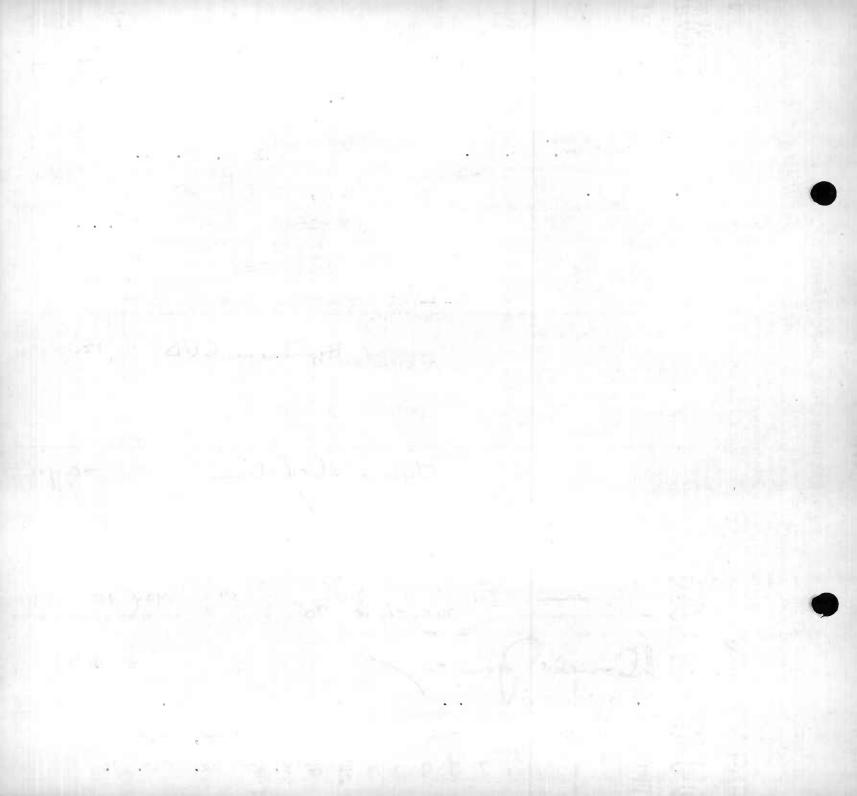
FUNERAL



VS 150-REV. 1/1/6B



T -	21 70	4925	BALTIMORE CITY	HEALTH DEPART			70	1025
BIRTH NO	36	4920	CERTIFICA	TE OF DE	ATH RE	G. NO		4960
1, NAME OF DI (Type or Print)	Alma K		Enders	2	5/10 /70	OF DEATH		A .
3. PLACE IN B.	ALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDE	ENCE (Where decease B. COUNTY	d lived. If inst	itution: residence	befare admission
FULL NAME OF HOSPITAL OR	OF (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Md. c. CITY OR TOWN B altimo	٧		E CITY LIMITS?	34
Hamil 6118	ton Park Apt. Fairdel Ave.	Apt. 2	В.	E. STREET AND I	The facility of the last of th			10 🗌
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (Ir	yeors	If Under 1 Yr. ,	If Under 24 Hrs
W.	W.	WIDOWED		Oct 30,19	907 last birthde	62	Months Doys	Hours Min.
	CUPATION (Give kind of wark of working life, even if retired)				state ar fareign country)	U.S.A	
3. FATHER'S N				14. MOTHER'S M.				
Robe	ert S Kirk	10007	1 6. SOCIAL	Alma S	Seidler		ADDRES	c
Yes, no or unknow	wn) (If yes, give war or date	s of service)	SECURITY NO. 214-40-4982		n L Enders		Same) 3
1B. 44.	2121	11	CAUSE OF DEATI	H				IMATE INTERVAL
DISE	ASE OR CONDITION DI	RECTLY			-	. 15		
(This does	nal mean the made of	dvina ea	(A) IMMEDIATE CAU	ISE Hype	Mensie	-WD	1.3	age and
heart failur	e, aslhenio, etc. Il meons	the discose,		A CONSEQUENCE C	OF:			
injury at c	omplication which coused ANTECEDENT CAUSES							
DISEASES			(B)	A CONSEQUENCE	Of			
	OR CONDITIONS, if the above couse (A)		DUE 10, OR AS	A CONSEQUENCE	OF:			
	NG CONDITION last.		(C)		-000			
TO THE DE	II VIFICANT CONDITIONS CO ATH BUT NOT RELATED TO T	HE TERMINAL	Chien	e alc	chelin		7	Oyee
	OF OPERATION 19B. CON WAS PER	DITION FOR	WHICH OPERATION	20 A. AUTOPSY?	(Yes or No) 20B. IF	YES, WERE FII TIFYING CAU	NDINGS CONSID SES OF DEATH?	ERED
OR CONTRI	DENT WAS UNDERLYING DIBUTING CAUSE OF		RPLACE OF INJURY (e.g., in the, farm, factory, street, of	n or about 21 C. WH fice bldg., tNJURY	ERE DID OCCUR?	If In Baltimare	City, give exact la	cotian)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOV	W DID INJURY OCC	U R?		
OF INJURY			ile At Not While					
	f .1 . (1) (.1 . 1	. Wo		N	10 577	1.1	0.1.1.0	12 /5
	fy that (1) (th is hospita l		2. 0	The Act	19 57	,	ay 10	19 76
	a) Tast saw the decease			19 70	and that in (my)	(aur) apini	on death accur	red on the dat
	and from the causes stat	red abave. (1) (Wa) (diel) (did not) v	lew the body oft	er deoth.			
23A. SIGNA	ORE		Asset	nding Med			238, DATE SIGNE	
	Monela	70	C PZOFGREE Phys	s. U Dire	Staff Phys.		5-11-	10
23C. PHYSIC NAME	R. Donald Jand	orf	M.D.	7403 Ha	rford Road	Balto.	Md	
4A. BURIAL C	REMATION, 24B. DATE	24C. N	AME of CEMETERY OF CRE		24D. LOCATION		, town, or county)	(State)
Burial		O M	Toodlawn		Baltimor	e. Marv	land	
	D BY HEALTH DEPT		OF REGISTRAR	25C. FUNERAL		o Hary		RESS
MAY 1	2 1970 Tabers	E. Jabe	2000		J. Ruck In	c. Balt		
/S 150-REV. 1/	1/6B				•			



	death death cease on th	300
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (accept where the physician who pronounced death was in regular attendance on the process of the contribution of	written approval must be obtained before the remains are embalmed or final disposition is made.
	ing carried after	101.
	ntribut rminec egular	s made
	or co Undete	sition
	Hireci W (4)	dispo
JETAL	f the cykind deat	final
FUNERAL DIRECTOR: IMPORTANT	Also, i	med o
2	miner. fractul	embal
KEC	exal (3) A in wh	s are
7	edical dical urns; ysicio	main
Z E K	a me ody be ody be of	the r
ב	1 by (2) B	fore
	spita ture;	ed be
	he he	btain
	of an	pe o
	eased ident	must
	ate m as rel at a l	roval
	Y S	ddp
	e boc ows: as D.	ritter
	北井北州	3 3

	1-520 70 49	BALTIMORE CITY	HEALTH DEPARTMENT		70 4026
BI	KIT NO.	CERTIFICA	TE OF DEATH	REG. NO.	10 4320
	Pe or Print	- Comun	100	D HOUR OF DEATH	6 5.10
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	SONOUNCED DEAD	4. USUAL RESIDENCE (When	deceased Kyed, II instit	O S.IO P M.
	ILL NAME OF UF NOT IN HOSPITAL OR IN DISTRICT OF ADDRESS OR LOCATION)		A. STATE B. COUNTY A. STATE B. COUNTY C. CITY OR IGWN	BALTO.	Cry 2738
1		OSPITAL	BRITO		ES NO
13	18		E. STREET AND NUMBER	ERIPENE L	k.
	F (1) WIDON		6. DATE OF BIRTH. 5/2/90	80 XXX	Under 1 Ye. If Under 24 His.
da	N. USUAL OCCUPATION (Give kind of work 108, KIN) to during most of working life, even if refired). HOUSEWILE	OF BUSINESS OR INDUSTRY	New Karage	gn country) York	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	VON
L	UNKNOWN Grace	eman	Mary UNK	NOTON	
15. (Ye	Was Dacaasad Ever In U. S. Armed Forces? s,no grunknown) (If yes, give war or dates of servi	16. SOCIAL SECURITY NO.	Mr. Edgar G. Jo		(Same)
	18.4 12.4	CAUSE OF DEATI	H L		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Con	GESTILE HE	or train	יון
	(This does not mean the mode of dying,	e.g., (A) IMMEDIATE CAU	A CONSEQUENCE OF:	KI I SYICU	<i>KE</i>
	heart failuse, asthenia, etc. It means the dise injury ar complication which coused deoth.)	ose,	200		
	ANTECEDENT CAUSES	(B) NS	SCVD		
	DISEASES OR CONDITIONS, if any, girise to the obove couse (A) stating		A CONSEQUENCE OF:	**************	
	UNDERLYING CONDITION last.	(C)			
HON.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG IAL			
5	194. DATE OF OPERATION 198. CONDITION F		20A. AUTOPSY? (Yas or No)	208, IF YES, WERE FIN	DINGS CONSIDERED
ERTIFI	WAS PERFORMED		120	208, IF YES, WERE FINI IN CERTIFYING CAUSE	S OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examined	218. PLACE OF INJURY (e.g., in hame, farm, factory, street, of etc.)	n ar about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Ballimore C	ity, give exact location)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID INJU	JRY OCCUR?	
	22. I certify that (I) (this hospital) attende			9 7/) to	5/2 1970
	that (1) (we) ast saw the deceased alive			· organization · · · · · · · · · · · · · · · · · · ·	n death accurred an the date
	and hour and from the causes stated ploys	e. (I) (We) (did not) vi			
	23A. SIGNATURE	10. 0			B. DATE SIGNED
	William J. J	7,111		Shaff Phys.	5/8/70
	23C. PHYSICIAN'S	2	23D. ADDRESS		1 1
244	BURIAL CREMATION, 124B, DATE 124	DEGREE CEMETERY OF CRE	Maryland (serval X	regular
		Cedar Hill Cemet		Baltimore,	awn/or county) (State)
25/		AE OF REGISTRAR			
	inax 1 2 1970 Robert & Fax		Leonard J. Ru	ck, Inc. Balt	to. Md. 21214
VS	150-REV. 1/1/68				

10/4 Litter - madel a in by ing ing ing

5-246 70 492 BIRTH NO. 1. NAME OF DECEASED	/	TE OF DEATH	X REG. NO	70 4927
(Type or Print) Schisser, Sr. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	Mr. Charles	and the same of th	8/70	1 7 P.N
FULL NAME OF HOSPITAL OR IN HOSPITAL	NSTITUTION, GIVE STREET	A. STATE B. COUN	nd Balto	
Bon Secour Hos	spital	210 MA	rion Al	Jenus_
male (1) WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	5/xxxx #gxxx	9. AGE (In years lost birthdoy)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working, life, even if refired) Radian Father's NAME	ilroad	11. BIRTHPLACE (Stote or lore) Mary /a 14. MOTHER'S MAJDEN NAM	nd.	12. CITIZEN OF WHAT COUNTRY
	chissler		Unkn	own
15. Wos Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) Ilf yes, give wor or doles of serv	ice) 16. SOCIAL SECURITY NO. 7/7-07-837	Mr. Cha rles	J. Schissler	,Jr. (Same)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	Cardiae a	uest-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not meen the mode of dying, heart foilure, asthemio, etc. It means the dise injury or complication which coused death.) ANTECEDENT CAUSES	A:5	SE A CONSEQUENCE OF:		2
DISEASES OR CONDITIONS, if ony, ginse to the obove couse (A) stoling UNDERLYING CONDITION tost.	ving DUE TO, OR AS the (C)	A CONSEQUENCE OF:		18 hrs.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL			
198. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, olf etc.)	or obout 21 C. WHERE DID	(if In Boltimore	City, give exoci location)
OF INJURY (APPROX.)	21 E. INJURY OCCURRED While AI	21F. HOW DID INJU	IRY O C CUR?	-/-
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive of	on5/8	19 70 and the	t In(my) (aur) apini	on death occurred an the date
ond hour and from the couses stated abave	e (1) (We) (did) (did not) vi	ew the body ofter death.	1 2	3B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) VARAH. VORA	DEGREE Phys.		Hyse Hosp	Balta Md.
Description F /20 /20	C.NAME of CEMETERY of CREA Mor eland Memori		CATION (City. Baltimore	town, or county) (Stote)
	AE SE BOISTEAN O O	25C. ENNEAL DIRECTOR		The second secon

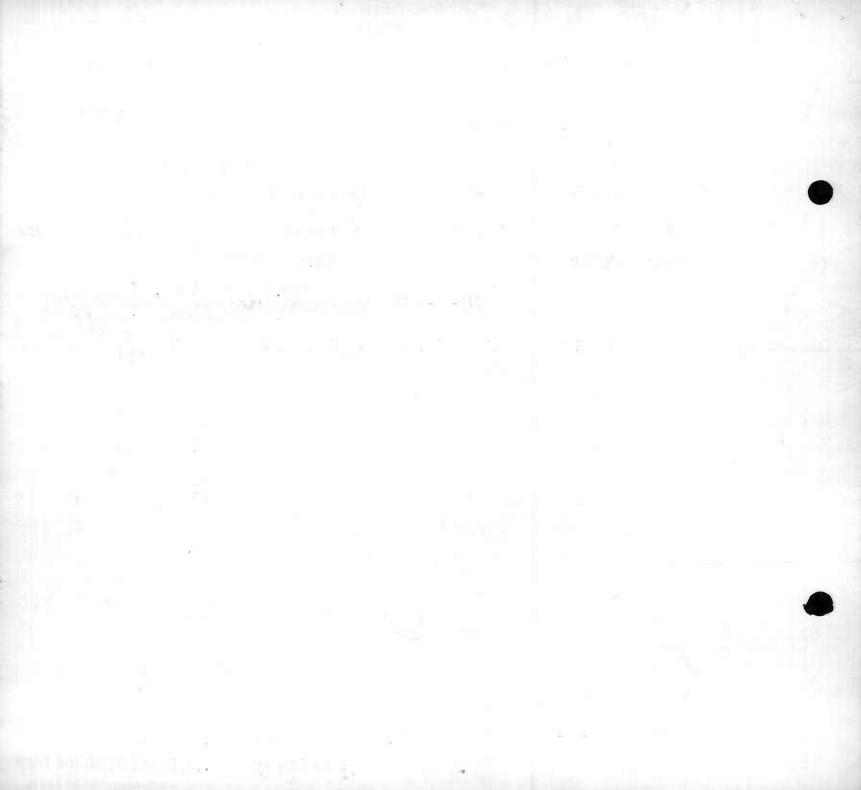


FUNERAL DIRECTOR: IMPORTANT

0 1115	BALTIMORE CITY	HEALTH DEPARTMENT		17/0	1000
70 4928	CERTIFICA	TE OF DEATH	REG. NO	10	4928
I.NAME OF DECEASED Type of Print) JANET CAPLAN		MAY	10, 1970		3:30 P.A
3. PLACE IN TALTIMORE MARYLAND, WHERE PRONOUT TO THE PROPERTY OF THE PROPERTY	ENDED	A. STATE B. COU MARY LAND C. CITY OR TOWN	NTY	SIDE CITY LIA	740
MF. PLEASANT NURSING HOME Pleasant Manor Nursing	Uoma	E. STREET AND NUMBER	TT OUT O		
			EIGHTS AVEN		
FEMALE WHITE WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under Months	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		12. CITIZ	EN OF WHAT COUNTR
done during most of working life, even if retired) HOUSEWIFE Secretary	Office F-HOME-	BALTIMORE, MA	RYLAND	us	A
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
FRANK L. SEIDENMAN		RAE FALK			
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	215-01-4964	MRS. SYLVIA REI	CHER 204 W	ALGROV	F RD. #21136
(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.		A CONSEQUENCE OF: A CONSEQUENCE OF:			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		chind Hem	0		6 mil-
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	HICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE IN CERTIFYING CA	AUSES OF D	EATH?
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., e., form, loctory, street, o	Iffice bldg., INJURY OCCUR?	(If in Boltimo	ore City, give	exoct location)
U OF INJURY	INJURY OCCURRED Not Whit	21F. HOW DID IN	JURY OCCUR?		1
22. I certify that (I) (this haspital) attended th		5/7	1960 to	5-/10	1960
that (I) (we) lost sow the deceased alive on	5/8	19 20 and t	hot in (my) (inion deot	h occurred on the da
ond hour ord fram the causes stoted obave. (1)	(Was) (did not)				
23A, SIGNATURE 2				23B. DAT	SIGNED
18/18/16	Ath	ending Med. Director	Staff Phys.	5/	11/20
28C. PHI SICIAN'S	MEGREE	23D. ADDRESS	rnys. —	1-1	1/10
FRANK G. KUEHN		MEDICAL ARTS E	BUILDING		
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME OF CEMETERY OF CR		LOCATION (CLTIMORE, MA	RYLAND	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O			8 BROS., 601	O REIS	TERSTOWN ROA

V.S. 153 5-20-70 M.H.

0-253 70 4929	BALTIMORE CITY	HEALTH DEPARTMENT		70 4929
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	70 4923
1. NAME OF DECEASED (Type or Print)		2 DATE AN	D HOUR OF DEATH	
Rose Danowit	2	may	10 197	01 2 00 4
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where	deceased lived If in all	ution: residence before admission
		D. COUNT	TY	unon; residence berdre admissio
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	Maryland		15/3
INSTITUTION .		C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
Sinai Hospital it Bal	timore, Inc.	Baltimore	Y	ES NO
42)		E. STREET AND NUMBER		
12		2807 W. Col	dspring la	
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9	AGE (In vent	Under 1 Yr. If Under 24 Hr
Female White WIDOWED 5		*********************************	ost birthdoy)	onths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF		11. 81RTHPLACE (Stole or foreig	3/	
dane during most of working life, even if retired)		C Stole of foreig	n country)	2. CITIZEN OF WHAT COUNTI
HOUSEWIFE AT H	10ME	Poland	Ī	America US
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
JOSEPH KOLODNY		CELIA DE	ITCH	
5. Was Deceased Even in 11 S. A 1 E 3	(
(Yes, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT MRS. HA	NNAH WASKOW.	ADDRESS
NO 2	15-03-4615	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXX
18. / 2. 2. 0 1	CAUSE OF DEATH		3645	OTTAGE JAVENUE
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEAT
LEADING TO DEATH		mattel mit	itasis of car	unknow
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAUS	Elliulipe meiar	name of car	ice .
heart lailure, asthenia, etc. It means the disease, injury or camplication which caused death.	DUE 10, OR AS A	CONSEQUENCE OF:		1)
	-	/	,	
ANTECEDENT CAUSES	(a) Can	cer of Ovas	ries	
DISEASES OR CONDITIONS, il any, giving	DUE TO, OR AS A	CONSEQUENCE OF:		*******
rise to the obove cause (A) stating the UNDERLYING CONDITION last.				ľ
CHELING CONDITION last.	(c)			******
Z 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
4 DISEASE OR CONDITION GIVEN IN PART 1 (A)	************************		**********	*******
19A. DATE OF OPERATION 19B. CONDITION FOR WH	IICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIND	INGS CONSIDERED
		NO	IN CERTIFYING CAUSES	OF DEATH?
OR CONTRIBUTING CAUSE OF	ACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(II In Boltimore Cit	y, give exect location)
DEATH (notify medical examine)	toim, lociory, street, offic	bldg. INJURY OCCUR?		,,,
0.000				
OF INJURY	JURY OCCURRED	21F. HOW DID INJUI	Y OCCUR?	
(APPROX.) While Work	At Work			
22. I certify that 🏈 (this hospital) attended the		1 ay 7, 10		
			70 to ma	4 10, 1970
that (1) (last saw the deceased alive an	chican 10		In (my) (sur) opinion	death accurred on the dat
and haur and fram the causes stated above. (1) (WET (did) (did not) vie	w the body after death.		
23A. SIGNATURE		•	123 R	DATE SIGNED
Noich's Maganines	4 O Attend	ling Med. SN	/)
23C. PHYSICIAN'S	M. D. DEGREE Phys.		ys. D	May 10, 70
NAME (Type)	231	D. ADDRESS	of Baltimon	. 0
			1 130811 10101	
KUICHI NAGAMINE	M.D.	Sina Hospi	0	
AA. BURIAL CREMATION, 24B. DATE 24C.NAM	M.D. DEGREE E of CEMETERY OF CREM		0	
REMOVAL (Specify)	E of CEMETERY of CREM	ATORY 24D. LOC	ATION (City, to	wn, or county) (Stote)
BURIAL 5-12-70 RUDO	MER VEREIN,	ATORY 24D. LOC ROS	ATION (City, 10 EDALE, MARYLA	wn, or county) (Stote)
BURIAL 5-12-70 RUDG	MER VEREIN,	ATORY 24D. LOC ROS	ATION (City, 10 EDALE, MARYLA	wn, or county) (State)
BURIAL 5-12-70 RUDO	MER VEREIN,	ATORY 24D. LOC ROS	ATION (City, 10 EDALE, MARYLA	wn, or county) (State)



FUNERAL DIRECTOR: IMPORTANT

				BALTIMORE CITY	HEALTH DEPARTME	NT	1-4/	1 0	
IRI	-535 H NO.	70 4	930	CERTIFICA	TE OF DEAT	TH REG. N		1 493	0
	AME OF DECEASED e ar Print)	SIDNEY L	AMDEN			AY 10, 1970	EATH	9	P. M
FUL	L NAME OF SPITAL OR AD			UNCED DEAD UTION, GIVE STREET	4. USUAL RESIDENCE A. STATE B. MARY LAND C. CITY OR TOWN	(Where deceased lived COUNTY	I If institution	278	e admission)
INS	5449 JONQUI	L AVENUE			BALTIMOR: E. STREET AND NUM	-	YES [
0	0				5449 JON				
S. S		ITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years) 60	Mont	nder 1 Yr. If U	nder 24 Hrs. Min.
	during mast of working lif			BUSINESS OR INDUSTRY	MISSISSIPP		12. 0	USA	T COUNTRY
13. 1	BUYER FATHER'S NAME		SCRAP	METAL	14. MOTHER'S MAIDE			USA	
	JOSEPH LAMI	and the second second				RENCE ?			
Yes	Vas Deceased Ever in ,na ar unknown) (If yes,	U. S. Armed Forc give wor or dates	es? s of service)	16. SOCIAL SECURITY NO. 089-07-7775	MRS. MARY L	AMDEN, 5449	JONQUI	ADDRESS L AVENUE	
	DISEASES OR CON rise to the obave UNDERLYING COND OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITIO 19 A. DATE OF OPERAT	couse (A) ITION last. II DAN TON CONDITIONS CONDITIO	Slating the NTRIBUTING LE TERMINAL LE (A). DITION FOR	(c)	20A. AUTOPSY? (Yes	ar Na) 208, IF YES, Y	WERE FINDIN	GS CONSIDERED	
AL CE	21 A. ACCIDENT WAS OR CONTRIBUTING DEATH (natify medical	CAUSE OF	21 B hom etc.	PLACE OF INJURY (e.g., i ne, farm, factory, street, a	n or obout 21 C. WHERE INJURY OCC	DID (If in Bo	oltimore City,	give exoct locatio	n)
	21 D. TIME (Month) OF INJURY (APPROX.)	(Day) (Yeor)		ile At Not While		ID INJURY OCCUR?			
	22. I certify that (I) that (I) (we) lost sa	w the deceased	d olive on	he deceased fram		1970 to			
	23A. SIGNATURE	10 000303 31010		,, (, (a.a.) (a.a. na.) (Tew The body offer d	eom.	23B. E	ATE SIGNED	
	23C. PHYSICIAN'S	è Q	hol	DEGREE Phy	nding Med. Director	Staff Phys.	4	5-11-7	0
	NAME (Type)	CECIL R	UDNER	GEGREE		ERSTOWN ROAL			
24A	BURIAL CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 5-12-70		AME OF CEMETERY OF CRI	MATORY	BALTIMORE.		n, ar caunty)	(State)
2SA	MAY 1 3 197			OF REGISTRAR	SOL LEVINS			ADDRESS	

The American States and the Committee of the Committee of

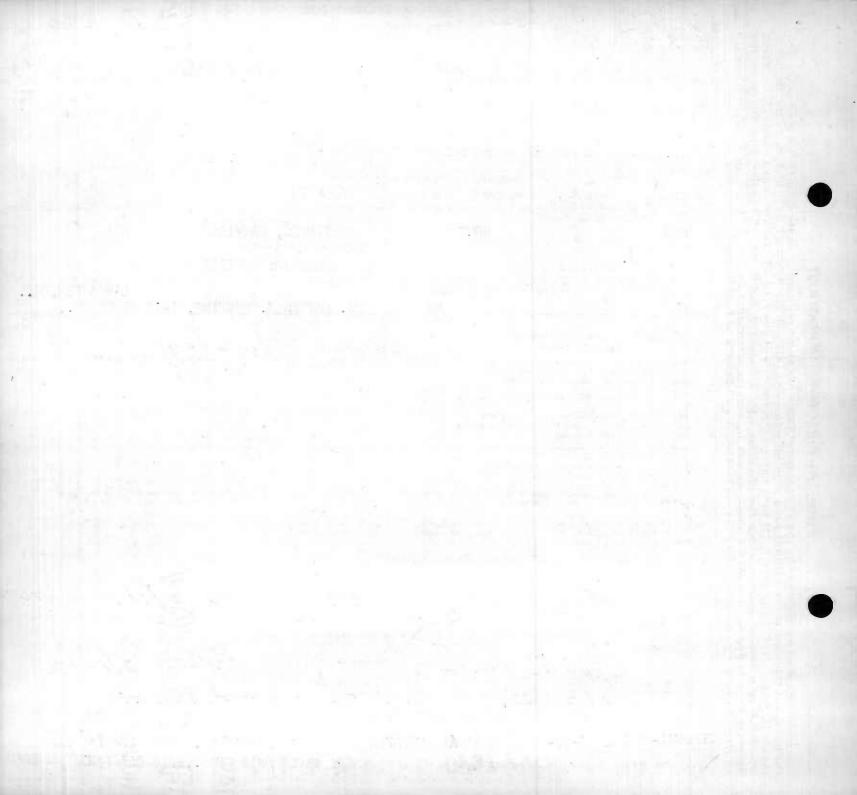
FUNERAL DIRECTOR: IMPORTANT

I-251 70	BALTIMORE CIT	Y HEALTH DEPARTMENT	V	70 4001
BIRTH NO. 493	1 CERTIFICA	TE OF DEATH	REG. NO.	70 4931
1. NAME OF DECEASED (Type or Print) JEAN EISEN!	BERG	2. DATE AND	HOUR OF DEATH	4-24
3. PLACE IN BALTIMORE, MARYLAND, WHERE		4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceased lived. Il insti	tution unsidence before advised
				notion. lesidence belote domissi
HOSPITAL OR ADDRESS OR LOCATION	INSTITUTION, GIVE STREET	MARYLAND B	alto.	CITY LIMITS?
44 WOION NEMOR	IAL HOSPITAL	BALTIMORE		ES NO
		E. STREET AND NUMBER		
5. SEX 6. RACE 17. sec		6618 SANZ 8. DATE OF BIRTH 9.	O KOAD,	
EMALE WHITE WID	ARRIED NEVER MARRIED OWED DIVORCED	05-18-15 las	271	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, K done during most of working life, even if retired)				12. CITIZEN OF WHAT COUNT
	AT HOME	BALTOMARYLAND		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
JULIUS WURTZ	BURGER	FANNYE	JACOBSO	N
15. Wes Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) lif yes, give war ar dotes at so	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	216-09-2350	MR. LOUIS EISENBE	ERG, 6618 SA	NZO RD. APT. F
(This does not meen the mode of dying heart failure, astheria, etc. If means the di injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION ON SPERFORMER OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	giving DUE TO, OR AS DUE TO, OR AS IN AL FOR WHICH OPERATION	A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No) 2	208, IF YES, WERE FINI N CERTIFYING CAUSE	
21D.TIME (Month) (Day) (Year) (Haud				
(APPROX.)	While At Not While	21F. HOW DID INJURY	r o c cu R?	
	THE THE PART OF TH			
22. I certify that (I) (this hospital) attenthat (I) (we) lost saw the deceosed olive			70 to 05-	
		19 70 ond that !	in (my) (our) opinior	n deoth occurred on the da
and hour and fram the couses stated abo 23A-5IGNATURE		ew the bady ofter death.	lasi	DATE SIGNED
Lovelyn P. Na	varro Ma Atte	Med. State	# FET	B. DATE SIGNED OS-10-70
Loulyn P. Noc 23C. PHYSICIAN'S NAME (Type) EVELYN P. NA	DEGREE PRYS	3D. ADDRESS	ORIAL HE	
24A. BURIAL CREMATION 124E DATE	DEGREE 4C.NAME of CEMETERY OF CRE			
BURIAL 5-12-70	HEBREW YOUNG MEN		MORE, MARYLA	own, or countyl (State)
MAY 1 3 1970 Paber 4. 44	TAME OF REGISTRAR			ADDRESS REISTERSTOWN ROA
S 150-REV. 1/1/68				

1	1. 432	70 4	099	TE OF DEATH	REG. NO	70 4932	
BIR	TH'NO.		CLKTITICA		ID HOUR OF BEATH		
	pe ar Print)	BELLE	H. MELTZER		ND HOUR OF DEATH	1/arp. M	
3. 1	PLACE IN BALTIMORE, MARYLAN				ere deceased lived. If i	nstitution: residence before admission)	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			NEW YORK C. CITY OR TOWN D. INSIDE CITY LIMITS?				
0	BELVEDERE NURSING	HAVE		E. STREET AND NUMBER		YES NO NO	
7	BELVEVERE NURSING	HUME		6 OAKLEY L	ANE		
S. S	EX 6. RACE	7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths: Days Hours Min.	
	FEMALE WHITE	WIDO	WED X DIVORCED		82		
	. USUAL OCCUPATION (Give kind of during most of working life, even if re		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?	
	HOUSEWIFE		AT HOME	NEW YORK		USA	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME		
	UNKNOWN			UNKNOWN			
	Was Deceased Ever in U. S. Arme s,na ar unknawn) (If yes, give war a	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
	NO .		086-42-2338	MR. DAVID ROSE	NBLUM. 3224	SMITH AVENUE	
	18. 2 7 9 X I		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION		Menry	MAN - Omnon	habilis	SETTLER ONSET AND SEATT	
	(This does not mean the mod		(A) IMMEDIATE CAU		racis of	L wko.	
	heart foilure, osthenio, etc. It m	eons the dise		A CONSEQUENCE OF:			
	ANTECEDENT CA		711.00.	+ 11.1	- Hari		
	DISEASES OR CONDITIONS,		vina DUE TO, OR AS	A CONSEQUENCE OF:	0 cej 10210		
	rise to the above couse	(A) stating	the	A GONDEGOETICE OT			
	UNDERLYING CONDITION las	1.	(C)				
N O	OTHER SIGNIFICANT CONDITIONS			in Da		3000	
ATIO	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN II	N PART I (A).		cious Un		flis .	
CERTIFIC	19A. DATE OF OPERATION 198.	PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED	
2	21A ACCIDENT WAS UNDERLY	NG T	218. PLACE OF INJURY (e.g., in	n or about 21C, WHERE DID	(If In Baltima	re City, give exact location)	
CAL	OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)		hame, form, factory, street, of	fice bldg., INJURY OCCUR?	in in bunning	re chy, give exact faculari	
EDIO	21D. TIME (Manth) (Day) (Year) (Haur)	21E. INJURY OCCURRED	21F. HOW DID IN.	URY OCCUR?		
Ξ	(APPROX.)		White At Nat While At Wark				
22. I certify that (1) (this haspital) attended the deceased from MAZ S1/970 19 to MALL 11, 19/0,							
	that (1) (we) last saw the dec		11. 11	/		injon death accurred on the date	
	and hour and from the causes	stated abov	re. (1) (We) (did) (did nat) v	,			
	23A. SIGNATURE	11-1-15	- 40			23B DATE SIGNED	
Restreet of the love M. Director Director Phys. Director Phys. Director Director Nay, 12, 1970							
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS							
	HERBE	RT GOLD	STONE	3643 GLENGYL	E AVENUE		
24A	BURIAL CREMATION, 248. DAT	E 24	C. NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (C	City, tawn, ar county) (State)	
EN	OVAL-BURIAL 5-13	-70	NEW MONTIFIORE	PIN	ELAWN, L.I.	, NEW YORK	
25A	MAY 1 3 1970 23		ME OF REGISTRAR	25C, FUNERAL DIRECTO	R	O REISTERSTOWN ROAD	
VS	150-REV. 1/1/68		7				

THE REPORT OF THE PERSON OF TH Ca . I d . yellerhey South the state of the state of

2-152 70 4933 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 70 4					70 4933		
BIR	TH NO.	70-12330		CERTIFICA	TE OF DEATH	KEG. NO	1,000
	AME OF DECEA	Baley (Gil	Robbin	2. DATE	AND HOUR OF DEATH	120 /PM
3.	PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased fived. If i	institution; residence before admission)
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Pennsylvar	nia	V-35.
	SPITAL OR	ADDRESS OR LOC	ATION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
					Lancaster		YES NO
33	The Joh	ns Hopkins	s Hospi	tal	1406 Ridge		
5. 5	EX 6	RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	emale	White	WIDOWED[5/7/70		4
		ATION (Give kind of world wrking tife, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	NONE		NO	NE	BALTIMORE, M.	ARYLAND	USA
13.	FATHER'S NAM	•			14. MOTHER'S MAIDEN N	AME	
	Warren	Robbins			Harriet	POLIER	
15. (Ye:	Wos Deceased E	ver in U. S. Armed For	rces?	16. SOCIAL SECURITY NO.	17. INFORMANT		LANCASTER, PA.
	NO	, , ,		NO	MR. WARREN J.	PORRING 14	06 RIDGE RD.
	18. 7 7 D	4		CAUSE OF DEAT		KOBBINS, 74	APPROXIMATE INTERVAL
	DISEASE	OF CONDITION DI	RECTLY	0	1: 100.	sind dans	BETWEEN ONSET AND DEATH
		EADING TO DEATH		(A) IMMEDIATE CAL	isle resp.	matery	ing see
		mean the mode of sthenio, etc. It meons			A CONSEQUENCE OF:	moreful	7
		ication which caused					
	1A	NTECEDENT CAUSES		(B)			
		CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		
		abave cause (A) CONDITION last.	stating the	(c)			
		11					
ATION		ANT CONDITIONS CO					
ATI	DISEASE OR CO	BUT NOT RELATED TO T	RT 1 (A).				
ERTIFIC	19A. DATE OF C	OPERATION 198. CON WAS PER		HICH OPERATION	Yes Yes	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
AL CE	OR CONTRIBUT	WAS UNDERLYING DING CAUSE OF	21 B. hom etc.)	e, form, foctory, street, o	n or obout 21C. WHERE DID	(If in Baltimo	ore City, give exact lacation)
U		Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID II	NIIIBA OCCIIBS	
MEDI	OF INJURY	TOOM (DOY) (Feel)		le At Not Whil		HJORT OCCUR:	
	(APPROX.)		Wor				/
	22. I certify th	hat HY (his haspita	l) attended th	e deceased fram	5/7	19 70 to 5	1970.
	that (I) (we)	st sow the deceose	ed alive on	5/11	19 70 and	that in (my) (our) ap	nian death accurred an the date
and hour and fram the causes stated above. (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE							
	23C. PHYSICIAN			DEGREE	23D. ADDRESS		
	NAME (Typ	Judith H	all,	M.D.	The Johns	Hopkins Ho	spital
24	BURIAL CREM	ATION, 24B. DATE		ME of CEMETERY OF CR	MATORY 24D.	LOCATION (C	City, town, or county) (State)
	REMOVAL (Sp.	ecify)	0 0111	IDET OUDILIST		NOTES PEN	0101/111117.4
254	MOVAL-BUR	Y HEALTH DEPT.	O SHA	ARAI SHOMAYIN	25C. FUNERAL DIRECT		INSYLVANIA ADDRESS ADDRESS ADDRESS
RA	NY 1 3 107	M Jases E.	Janes 1	0 0	SOL KEVINSON) & BROS., 601	O REISTERSTOWN ROAD
NS.	150-REV. 1/1/68						



Such

() 111	חבי לא נ	1091	BALTIMORE CITY	HEALTH DEPARTMENT		70 4004
4-40	10	4934	CERTIFICA	TE OF DEATH	REG. NO	70 4934
I, NAME OF DI	CEASED		7-	2. DATE	AND HOUR OF DEAT	Н
(Type or Print)	JOSEPH P	ALEES			11. 1970	N 8:40 A.M.
3. PLACE IN BA	ALTIMORE, MARYLAND, V	VHERE PRONOL	INCED DEAD		here deceased lived. tf	institution: residence before admission)
FILL MAAAF O	E ALE MOT IN HOSPI	TALL OR INICTIT	TON ONE OFFI	A. STATE B. CO	UNIT	1771)
FULL NAME O HOSPITAL OR INSTITUTION	ADDRESS OR LOC	ATION)	JTION, GIVE STREET	C. CITY OR TOWN	ID. IN	ISIDE CITY LIMITS?
	ene lumotho ua	. 17		BALTIMORE		YES NO
BELVEVE	RE NURSING HO	ME		E. STREET AND NUMBER		
40				4003 W. S	TRATHMORE R	OAD
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
MALE	WHITE	WIDOWED	DIVORCED [No. of Contract	85	
		k 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fe	oreign country)	12. CITIZEN OF WHAT COUNTRY?
742 014	of working life, even if retired) SINET	MAKER	,	DUCCTA		LICA
3. FATHER'S N		MAKER		14. MOTHER'S MAIDEN N	AME	USA
MITCHE	ELL PALEES			REBECCA	?	
	ed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	•	ADDRESS
es, no or unknow	vn) (If yes, give wor or do	es of service)	SECURITY NO.	Into Kittani		ADDITES.
NO	0		215-30-1685	MRS. SADIE EDE	LSTEIN, 400	
1B. 25	017 1		CAUSE OF DEATH			BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION D LEADING TO DEATH	RECTLY		2 0		
(This does	nol meon the mode a	dvina ea	(A) IMMEDIATE CAU		memme	19
heort foilure	e, asthenia, etc. It mean	s the diseose,	DUE IO, OR AS	A CONSEQUENCE OF:		
injury at c	amplicolian which cause			T.		
	ANTECEDENT CAUSE		(B) AS	piraliou		
	OR CONDITIONS, if the abave cause (A)		DUE TO, OR AS	A CONSEQUENCE OF:		0 4 0
	NG CONDITION last.	stating the	(c) Mabel	es, semili	y Gerrer	rulized Arlenia
			0000	^-d	1/	
OTHER SIGN	IFICANT CONDITIONS CO		Corro	1000		
DISEASE OR	ATH BUT NOT RELATED TO CONDITION GIVEN IN PA					
19A. DATE	OF OPERATION 198, COI	NDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
<u> </u>				160		
OR CONTRI	BUTING [CAUSE OF	21 B. hom	e, form, foctory, street, of	n or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltim	nore City, give exact location)
U	ify medical examiner)	etc.)				
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
(APPROX.)		Whi	le At Not While			
22 Leordi	fy that (1) (this haspite			12-2-	1967 to	5-11- 1970,
0	e) last saw the deceas		(all c		- 1	
						pinion deoth occurred an the date
		ted obave.	(We) (did) (did nat) v	iew the bady after deat	h•	Jose DATE SIGNED
23A. SIGNA	11.000	0	Δthe	nding Med.	Staff	23B, DATE SIGNED
le	w Valle	Coul	DE GREE Phys	Director L	Phys.	5-11-70
23C. PHYSIC NAME	(Type)			23D. ADDRESS	2216	
	CESAR VAI	LE CAVET	RO	8629 LIBERTY F	KUAU	
	REMATION, 24B. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24D.	LOCATION	(City, town, or county) (Stote)
BURIAL		-70 RETH	I ISAAC ADAS I	SPAFI	BALTIMORE.	MADVIAND
	D BY HEALTH DEPT.	25B. NAME C		25C. FUNERAL DIRECT	OB	ADDRESS
MAY 1	3 1979 72.0	E 3.00	. ASA 13 17 C	SAL LEVINSON	4 & BROS., 60	10 REISTERSTOWN ROAD
PHENE T	A WHAT CALLERY	- Indiana		10/1/60		

TOWER AND THE AREA OF THE PARTY OF THE PARTY

other woman's 12.2

WEST IN LIEU OF SECURITY

No T

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

If Under 24 Hrs.

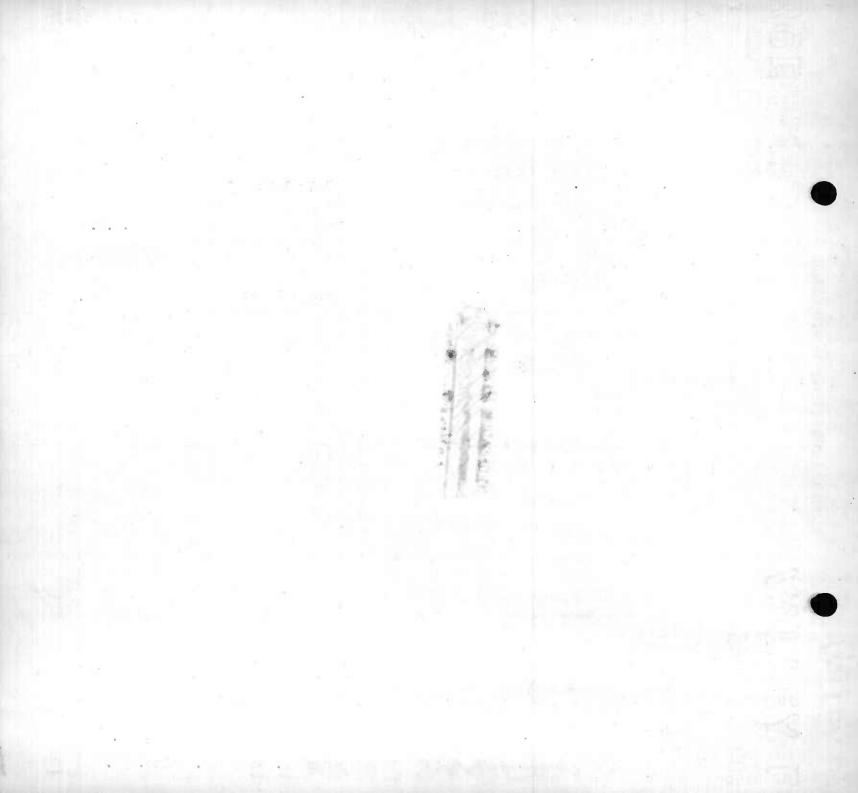
IMPORTANT DIRECTOR: FUNERAL

Transition of the same of the

: ·

.

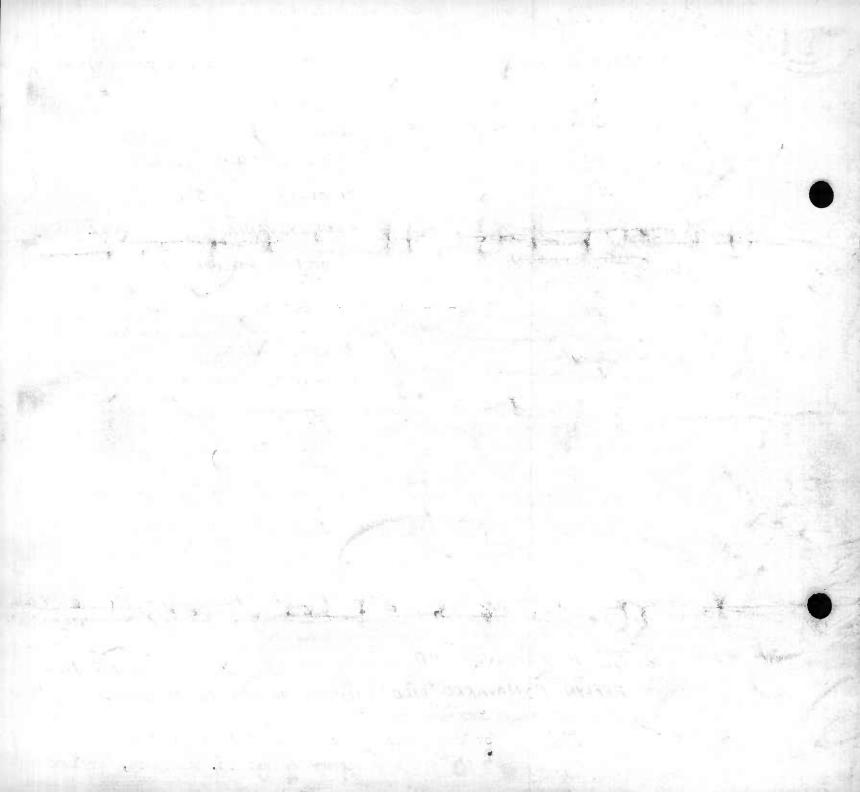
	or Print) Pearl H. Schle	V	2. DATE AND HOUR OF D 5/10/1970		
	ACE IN BALTIMORE, MARYLAND, W	~		12.30 P A	
FULL HOSPI		AL OR INSTITUTION, GIVE STREET ATION)	A. STATE Md. C. CITY OR TOWN Baltimore E. STREET AND NUMBER 3604 Winterbourne Road		
- SEX	F. 6. RACE W.	7- MARRIED NEVER MARRIED NUONCED DIVORCED	8. DATE OF BIRTH 9. AGE (In year. 6/6/1996 1876 1876 9. AGE (In year. 1876		
	SUAL OCCUPATION (Give kind of work uring most of working life, even if retired) Housewife		11. BIRTHPLACE (Stote or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY	
3. FA	THER'S NAME	Hamilton	14. MOTHER'S MAIDEN NAME Unl	mown	
5. Wo Yes, no	os Deceosed Ever in U. S. Armed For o orunknown) (If yes, give wor or dote NO	ces? s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT Mahlon Hamilton, 5602	McClean Blvd. 21214	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if	ac	ISE Groway Sclause A CONSEQUENCE OF:		
ATION		NTRIBUTING HE TERMINAL DITION FOR AND ADDRESS OF THE PROPERTY	A CONSEGUENCE OF:	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?	
CERTIFICATION OLD OLD OLD OLD OLD OLD OLD O	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if se to the above cause (A) INDERLYING CONDITION last. II THER SIGNIFICANT CONDITIONS CO D THE DEATH BUT NOT RELATED TO T ISEASE OR CONDITION GIVEN IN PAR ISEASE OR CONDITION [198. CON	NTRIBUTING HE TERMINAL HI 1 (A). DITION FOR ANHAL GPERATION FORMED	A CONSEQUENCE OF: Solution 20A. AUTOPSY? (Yes or No) 20B. IF YES, N IN CERTIFYIN n or obout 21 C. WHERE DID (If In B.		
MEDICAL CERTIFICATION 10 10 10 10 10 10 10 10 10 10 10 10 10 1	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if se to the above cause (A) INDERLYING CONDITION last. THER SIGNIFICANT CONDITIONS CO DITHE DEATH BUT NOT RELATED TO TO ISEASE OR CONDITION GIVEN IN PAR PA. DATE OF OPERATION 198. CON WAS PERI I.A. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF	NTRIBUTING HE TERMINAL 11 (A). DITION FOR AMHILL OPERATION FORMED 21B. PLACE OF INJURY (e.g., industrial contents).	20A. AUTOPSY? (Yes or No.) 208. IF YES, YES IN CERTIFYIN IN CERTIFYIN (If In B. 21F. HOW DID INJURY OCCUR?	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?	
DDI TO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if se to the above cause (A) INDERLYING CONDITION last. II THER SIGNIFICANT CONDITIONS CO O THE DEATH BUT NOT RELATED TO T ISEASE OR CONDITION GIVEN IN PAR PA. DATE OF OPERATION IA. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF EATH (notify medicol exomine) ID. TIME (Month) (Doy) (Yeor) F INJURY APPROX.) 2. I certify that (I) (this haspital not (I) (we) last saw the decease	NTRIBUTING HE TERMINAD HIT 1 (A). 10 11 (A). 11 (A). 12 18. PLACE OF INJURY (e.g., including the form, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not While At Work 11 attended the deceased from Attended the deceased from the etc. 12 18. PLACE OF INJURY (e.g., including the foctory) attended the deceased from the etc.	20A. AUTOPSY? (Yes or No) 20B. IF YES, YIN CERTIFYIN n or about 21C. WHERE DID 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? and that In(my) (automatical description of the bady after death. Med. Med. Shaff Director Phys. 23D. ADDRESS Lyff Marray Med. 23D. ADDRESS	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?	



IMPORTANT

DIRECTOR:

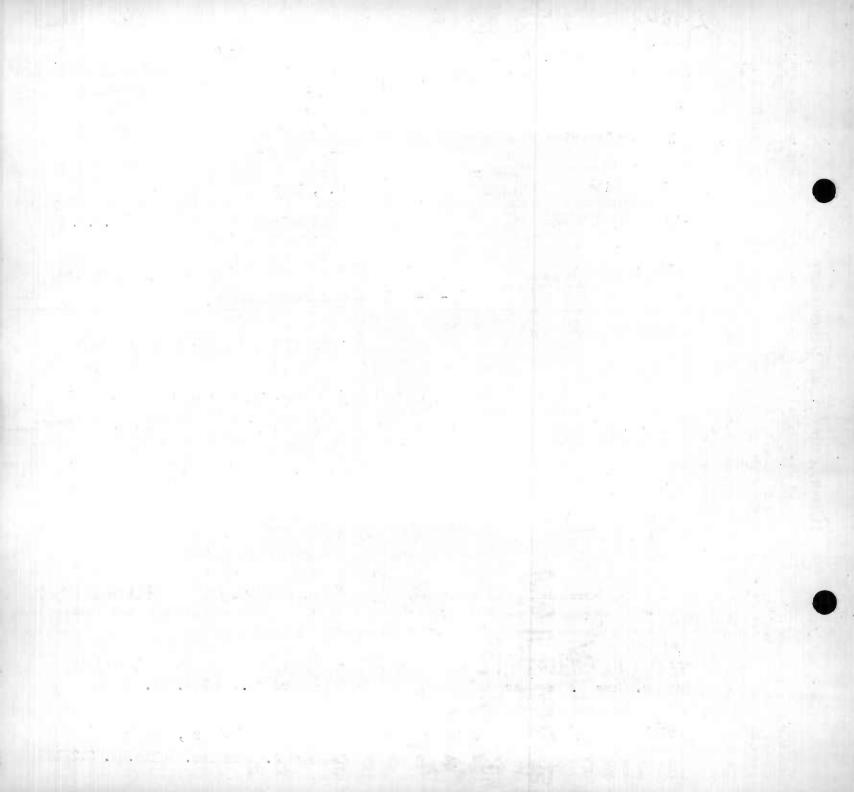
FUNERAL



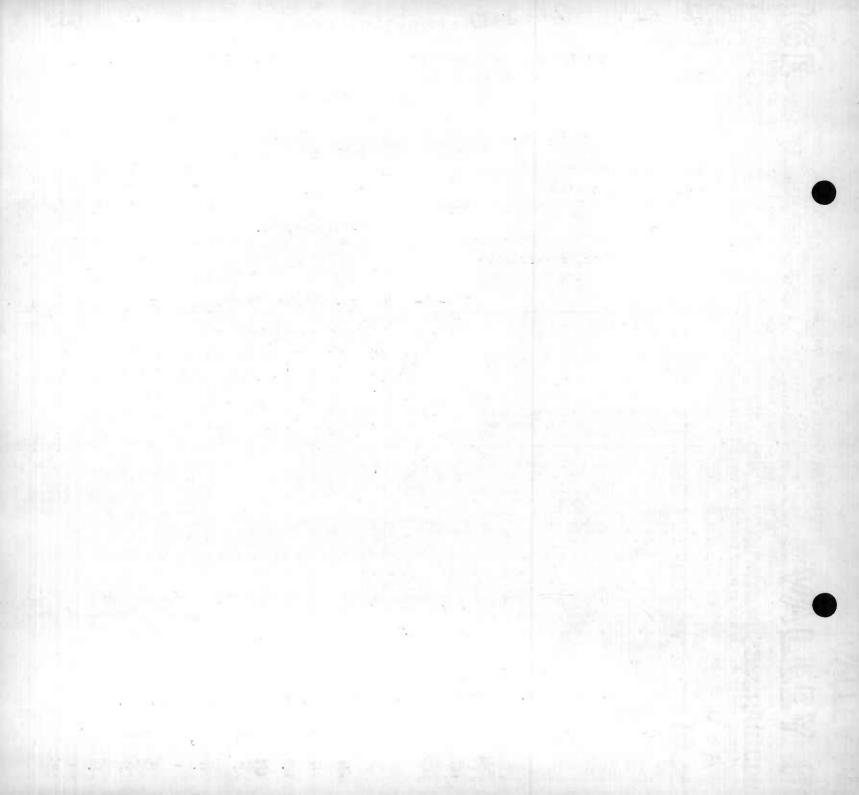
IMPORTANT

DIRECTOR:

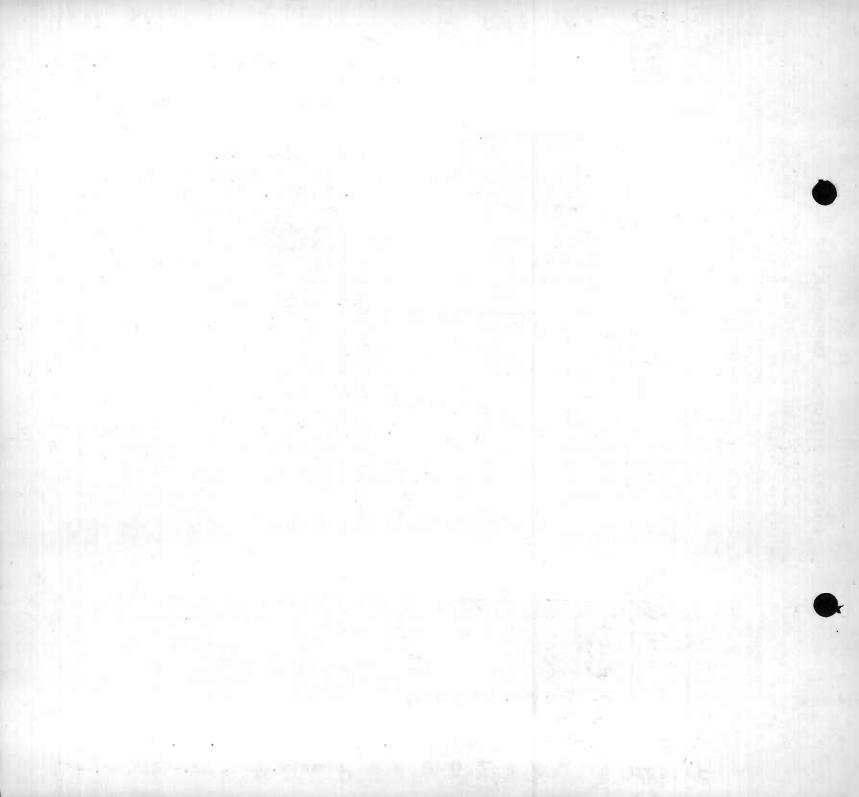
FUNERAL



4-65	2 70	402	0	HEALTH DEPARTMENT	DEC NO	78	1020
BIRTH NO.		730	CERTIFICA	TE OF DEATH	REG. NO	,,,	4903
NAME OF DEC	CEASED			2. DATE	AND HOUR OF DEATH	Н	./1
Type or Print)	CHARLES V	WILFORD	HARRINGTON	May	11, 1970	16	4,30 A N
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO		institution: resid	dence before admission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Maryland			1744
HOSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMIT	TS?
	5903 Arabia	Arro		Baltimore		YES	NO 🗌
10	Jyou Arabia	AVC.		E. STREET AND NUMBER			
				5903 Arabia A	venue		
. SEX	6. RACE	7. MARRIED	NEVER MARRIED X	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Months: Do	
male	caucasian	WIDOWED	DIVORCED	June 17,1947	22		
		108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN	OF WHAT COUNTR
one during most of NONE	working lile, even if retired)			Baltimore, Mo	1.	USA	
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NAME			
	Charles H	rringto	n				
				Ruth	M	Clein	
es, no or unknow	d Ever in U. S. Armed For n) (If yes, give wor or dote	ces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		Al	DDRESS
no			219-52-9934	Mrs. Charles	Brown, 5903	Arabia	Ave, Balto, M
18. 7 To	SE OR CONDITION DI	DECTI V	CAUSE OF DEATH	A. OCNS G	Turnaly		APPROXIMATE INTERVAL WEEN ONSET AND DEAT
DISEA	LEADING TO DEATH	KECILY	Malus	ely.	n Mk	1	7
(This does	nol meon the mode of	dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF Just A Guild Buch			
	, osthenia, etc. It meons mplication which coused		Olfor				
injuly of Co	E		hold	adolin 6	0.1		
D1051055	ANTECEDENT CAUSES		(B)	J. Chim	pillpfy -		
	OR CONDITIONS, if		DUE TO, OR AS	ONSEQUENCE OF:	1		210
	G CONDITION lost.		(exacts)	prepue	45		Lavys
	11		01.	1			1
	FICANT CONDITIONS CO		Much	en Pox		-	-11/0cm
TO THE DEA	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR		00000				10009
	F OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WERI	AUSES OF DE	ONSIDERED U
Z 21A ACCIDI	ENT WAS UNDERLYING	7 218	DI ACE OF INTHOVIOR	a obout 21C WHERE DIE	116 to Delate	ose Ciby alice -	unet location
OR CONTRIB	SUTING CAUSE OF	hom etc.)	e, form, foctory, street, of	fice bldg, INJURY OCCUR	(It in Boltim	ore City, give e	xoct locotion)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
OF INJURY		Whi	te At Not While				
(APPROX.)		Wo				1	
22. I certify	y that (I) (t his nospita	r) attended ti	he deceased fram	12/	19 49 ta	Udg 1	1920
that (I) (w	last saw the decease	ed alive an	Mon 10()	19 70 and	that in (my) (gur) a	pinian death	occurred an the da
,				iew the bady after deat		0	
ZZA SIGNAT		1				238. DATE S	SIGNED
IM.	ma/1/ 1/1	11/31.		nding Med.	Staff	7/	1-0
Z3C.PHYSICI	ANS WITH	a zu	DEGREE Phy	Director L	Phys. L	0/1/	1/0
NAME (Type Dr. Donald	W. Mint					
			DEGREE		een Ave, Balt		
AA. BURIAL CRI		24C. N	AME of CEMETERY OF CRE	MATORY 24D	LOCATION I	City, town, or c	county) Stote)
Buria	9 1 1 9 1	70 F	Parkwood	Baltimore, Maryland			
	D BY HEALTH DEBT	258 NAME C		25C. FUNERAL DIRECT		U	ADDRESS
MAY	13 19/11 1664	2 Chara	0-8:0	Lepnand O. H	tuck, Inc	Balto, 1	Md 14
'S 150-REV. 1/1,	/68	1	•				

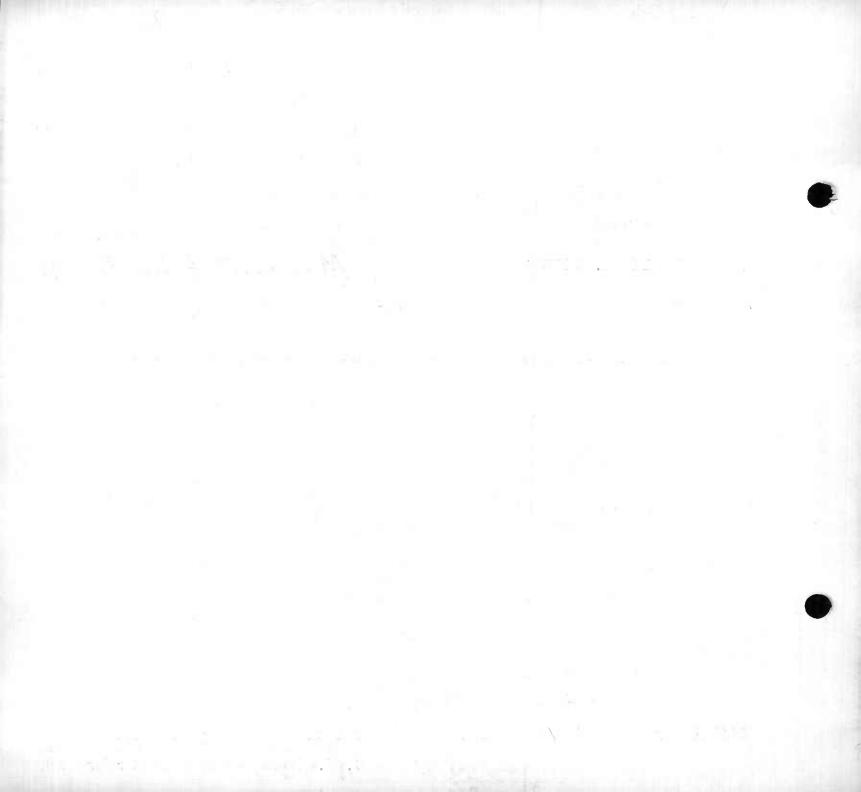


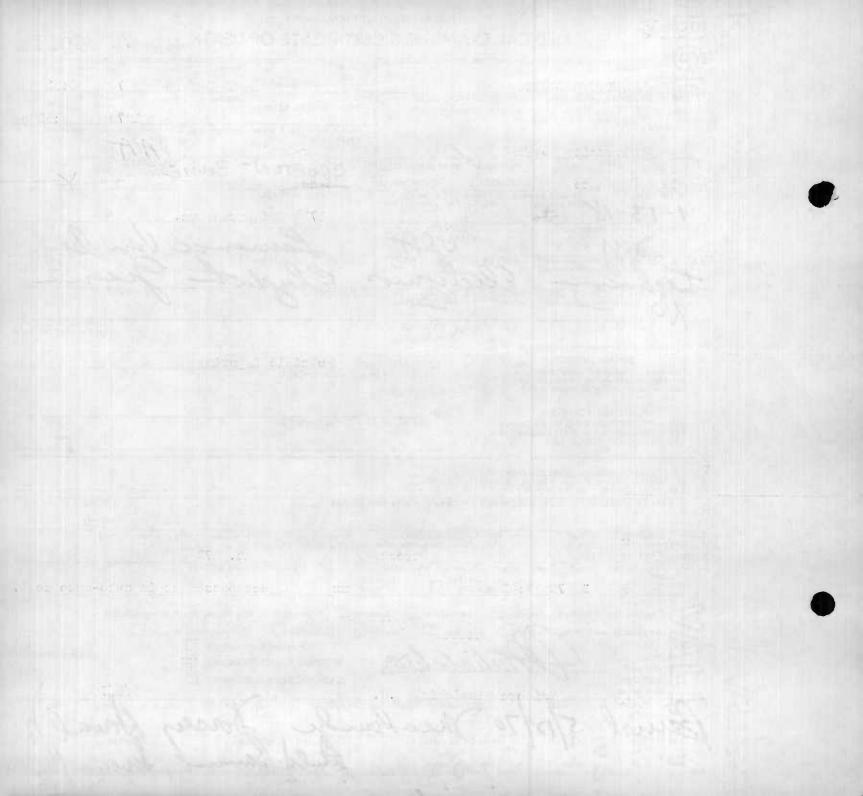
Tani	70	40.40	BALTIMORE CITY	HEALTH DEPARTMENT		70 40	10
BIRTH NO.		4940	CERTIFICA	TE OF DEATH	REG. NO	10	4U
Type or Print)		ARY FOUT	Z		ID HOUR OF DEATH	6.25	a.
3. PLACE IN BALTIA	ORE, MARYLAND, WHE	RE PRONOUNCED	DEAD	4, USUAL RESIDENCE (When A, STATE B, COUN	re deceased lived. If	nstitution: residence be	efore odmissio
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL ADDRESS OR LOCATION	OR INSTITUTION,	GIVE STREET	Maryland		270	6
-0	2802 Erromanos	n A===		Baltimore		YES X NO	
00	2802 Evergree	en ave.		E. STREET AND NUMBER 2802 Evergreen	Ave.	Lag	
5. SEX 6.	RACE 7.	MARRIED NE	VER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Months: Doys Ho	Under 24 Hr
	caucasian	WIDOWED	DIVORCED	Dec. 26, 1872.	lost birthdoy) 97	Months Doys Ho	ours Min,
OA. USUAL OCCUPA	ATION (Give kind of wark 10	B. KIND OF BUSIN	ESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WI	HAT COUNT
Housewi:	king life, even if retired)			Maryland		USA	
3. FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	3.012	
	John Bauer				Lucin	da Carter	
5. Was Deceased Ev	er in U. S. Armed Forces yes, give war or dates of		CIAL CURITY NO,	17, INFORMANT		ADDRESS	
No	,, g	36	COKIII NO,	Mr. Douglas Fo	outz	(Same)	
18.2/12	41	(CAUSE OF DEATH	100110	1	APPROXIA	AATE INTERVAL
DISEASE	OR CONDITION DIREC	CTLY		Cerebrelthis	weresis	BETWEEN OF	NSET AND DEAT
LE	ADING TO DEATH		(A) IMMEDIATE CAU	SE left herry	bleg 12	40	ays
(This does not	(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease.						
	cation which caused de		0-1	_ / -/			
AN	TECEDENT CAUSES		(Ilder	usclindic (1/1)	10	410.
DISEASES OR	CONDITIONS, if any	v, giving	DUE TO, OR AS	A CONSEQUENCE OF:			/
	abave cause (A) st	ating the	(0) 7/0	reluve		70	ayo
	11						
TO THE DEATH E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
	PERATION 198, CONDIT	TION FOR WHICH	OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDE	RED
ш	WAS UNDERLYING	21P BI ACE	OF INITIDA (o. a. in	or obout 21 C. WHERE DID	(A . D . L.		-
OR CONTRIBUTED DEATH (notify me	NG CAUSE OF	fice bldg., INJURY OCCUR?	(It in Boltima	re City, give exoct loca	otion)		
W AE INITITION	Aonth) (Doy) (Year) (Hour) 21E. INJUR	Y OCCURRED	21 F. HOW DID INJ	URY OCCUR?		
€ (APPROX.)		While At [Nat While				
22 1	WORK AT WORK						
		1	eased from		19ta		1970
that (1) (-we) la	st saw the deceased	alive on		19 70 and the	at in (my) (euskop	inian death occurre	ed on the da
and haur and fr	am the causes stated	abave. (I) (Was)	(did) (did-not) v	iew the bady after death.			
23A. SIGN AT URE	1 n 11		1 4			23 B. DATE SIGNED	
Stant	24 B. Klas	anow	Dhin	Med.	Staff Phys.	5-11-	70
23C. PHYSICIAN'S	12.00		CHECKEE!	23D. ADDRESS	D	0010	11 4.1
NAME (Type	Dr. Stapley	B. Klija	nowicz	8121Loch 1	Coven/	Jud Bal	to pe
4A. BURIAL CREMA REMOVAL (Spec	TION, 24B. DATE		CEMETERY of CRE	MATORY 24D. LO	OCATION (C	ity, town, or county)	(State)
Burial	5-14-70	Woodla	awn Cem.	Ba	alto. Md.		
SA. DATE REC'D BY		B. NAME OF REGI		25C. FUNERAL DIRECTOR	TOO . Plus	ADDRI	ESS
13Y 1 3 107	n Page 7	.a. Zon!	000	Leonard J. R	uck, IncE	alto, Md	14
/S 150-REV, 1/1/6B	n nancha et Ma	THE THE				,	



1			BALTIMORE CITY	HEALTH DEPARTMENT		
1) - /5 C	70	4941	CERTIFICA	TE OF DEATH	REG. NO	70 4941
1. NAME OF DEC		GLAS H.	DeVANE	May	10, 1970.	7,30AM M.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W. A. STATE Md. B. COL	here deceased lived. If JNTY	institution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	PIC.		2702
HOSPITAL OR	ADDRESS OR LOCA	ATION)		c. CITY OR TOWN Baltimore	D. IN	SIDE CITY LIMITS?
An Ho	use in the P:	inesE	Belvedere	E. STREET AND NUMBER		YES X NO
10				E. STREET AND HOMBER	3022 Grind	lon Avenue
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	tf Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Male	White	WIDOWED		Nov 11, 1902	67	
				11. BIRTHPLA CE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
letired S	working life, even if retired) uperintendent	Beth	Steel Co	Georgia		USA
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	
Samu	el DeVane			Sally Hay		
5. Wos Deceosed	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	703, 3113 401 01 0016	0, 0017106/	116-01-0723A	Mrs. Helen L	• DeVane	(Same)
18. / (2)	/ 1		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	E OR CONDITION DI	RECTLY	Ba	onchuserie	Care.	BETWEEN ONSET AND DEATH
(This does	LEADING TO DEATH	A. Co	(A) IMMEDIATE CAU	SE		3 morths
heorl foilure,	al mean the mode af osthenio, etc. It meons	the diseose,	DUE 10, OR AS	CONSEQUENCE OF:		
	plication which caused					
	ANTECEDENT CAUSES		(B)	A CONSEQUENCE OF:		
	OR CONDITIONS, if abave cause (A)		DUE TO, OR AS	A CONSEQUENCE OF:		
	G CONDITION lost.		(c)			
7	- 11				1	
TO THE DEAT	ICANT CONDITIONS CO H BUT NOT RELATED TO T	HE TERMINAL				
DISEASE OR C	OPERATION 198 CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF	WAS PER				IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF medical examiner	21B. hom etc.	e, form, foctory, street, af	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact location)
DEATH (natify	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
OF INJURY			ife At Not While			
		Wo			1072	10 1070
	,		he deceased from M		1970 to M	1970.
	Tast sow the decease					pinion death accurred on the dote
		ted above. (I) (We)-(did) (did nat) v	iew the body after death	1•	COR DATE SIGNED
23A. SIGNATA	KE OF		Atte	nding Med.	Staff -	23B, DATE SIGNED
ce	~ 15011	ren	GEGREE Phys	. Director	Staff Phys.	3/11/10
PAME LT	y (Pe)		4.	23D. ADDRESS		
24A. BURIAL CRE		24C. N	GEGREE AME of CEMETERY OF CRE	MATORY 24D.	LOCATION	City, town, or county) (State)
Burial	5/13/7	O Pa	rkwood		Baltimore,	Maryland
	DY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS
MAY13	19711 Robert &	Jassey	MB. 0 0	Leonard J.	Ruck, Inc.	Balto. Md. 21214
VS 150-REV. 1/1/	68					

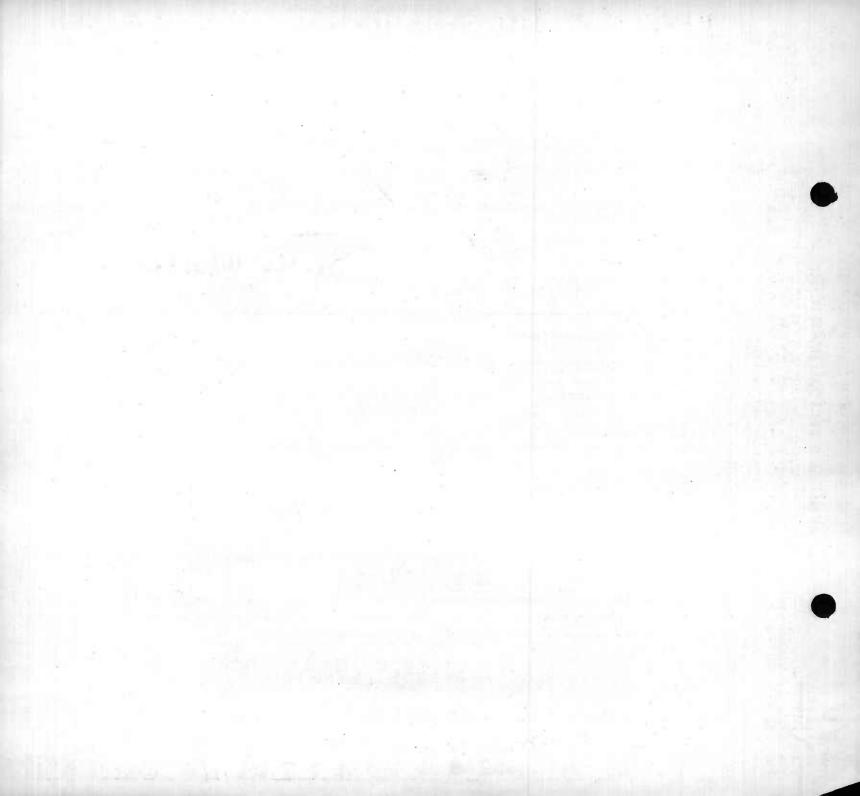






VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



IMPORTAN

DIRECTOR:

FUNERAL

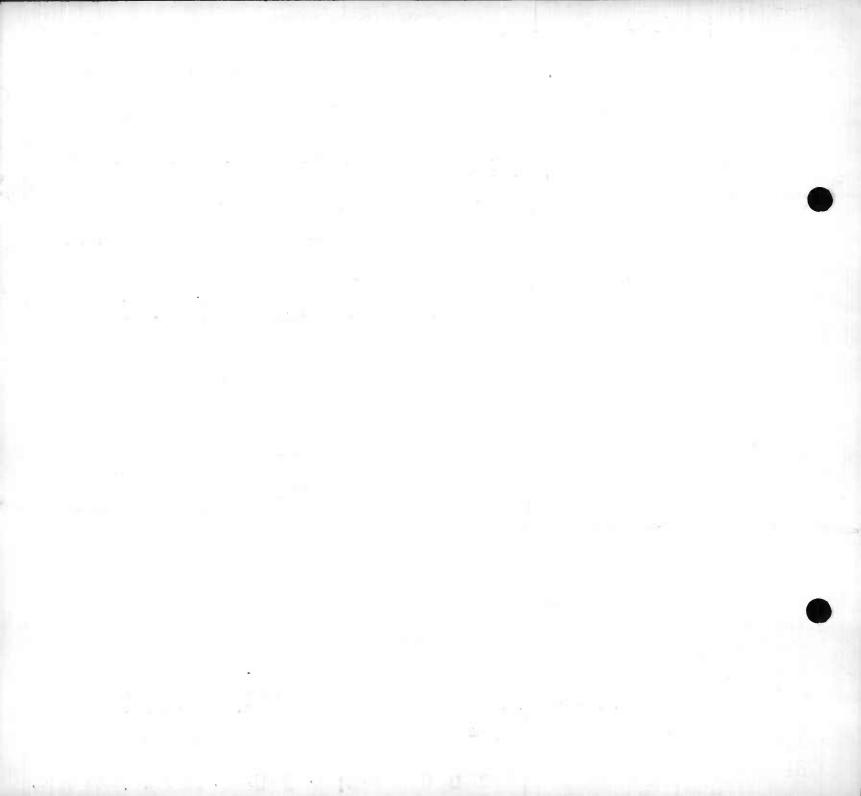


FUNERAL DIRECTOR: IMPORTANT

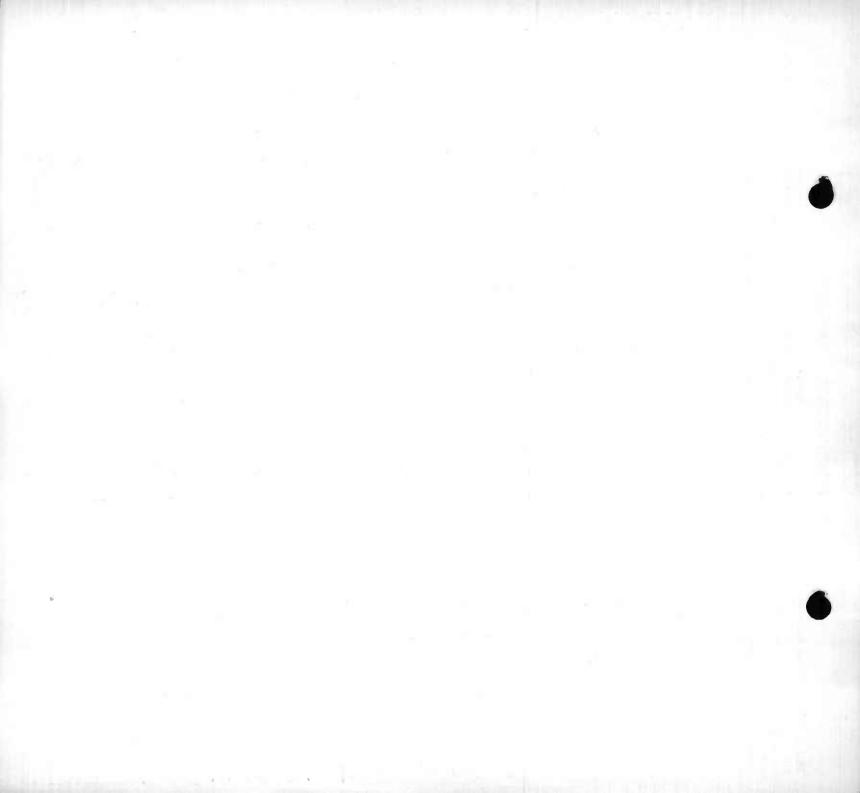
48-10-PU 351191 1 The second section of the second without one - the second the stand whater party were the

1 1111	BALTIMORE CIT	Y HEALTH DEPARTMENT	70 1040
7-4/4 70 4	948 CERTIFICA	ATE OF DEATH X REC	G. NO. 70 4948
1. NAME OF DECEASED	- ^ .1	2. DATE AND HOUR O	PF DEATH
(Type or Print) Ahlfeldt	Charles Henry	Sr. May 8, 19:	70 7:26 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE Where deceased A. STATE 8. COUNTY	lived. If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	Maryland. Harfe	ord 6200
HOSPITAL OR ADDRESS OR LOCATION	ON)	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
7/		E. STREET AND NUMBER	YES NO 🗵
Keswick 700 W	, 40 th St.	1032 Ensor Driv	/g 21085
5. SEX 6. RACE 7.	MARRIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In last bighdoy	years If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
Male white V OA. USUAL OCCUPATION (Give kind of work 10)	VIDOWED X DIVORCED		
10A, USUAL OCCUPATION (Give kind of work 10) If you during most at warking life, even if retired)	B, KIND OF BUSINESS OR INDUSTR	7 11. 8IRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seafood cLerk		Maryland	U.S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Abl foldt Ired	min's k	Banial that I b	telene
5. Wos Deceosed Ever in U. S. Armed Forces	? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no ar unknown) (If yes, give war ar dates o		- 4	1.
No 18. 44 1 9 44	217-01-4831	Keswick Recon	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIREC	TIV	0	BETWEEN ONSET AND DEATH
LEADING TO DEATH		Carolnal hemon	rliero 14st
(This does not mean the made of dy	ing, e.g., (A) IMMEDIATE CA	USE (erebral hemor A CONSEQUENCE OF:	rowage ronc
heart failure, asthenia, etc. It means the	disease,		
ANTECEDENT CAUSES	(05/2-	osclaration CUA	13 cms
DISEASES OR CONDITIONS, if any	(8) UTUSTO	S A CONSEQUENCE OF:	
rise to the above cause (A) st			
UNDERLYING CONDITION last.	(C)		
z II			
OTHER SIGNIFICANT CONDITIONS CONTI	FERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1	(A).	20A. AUTOPSY? (Yes or No) 208, IF Y	ES, WERE FINDINGS CONSIDERED
19. CONDITUDE NAS PERFOR		IN CERTI	FYING CAUSES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If	in Boltimore City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, farm, factory, street, etc.)	office bldg., INJURY OCCUR?	
O 21D.TIME (Month) (Day) (Year)	Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCU	IR?
OF INJURY	While At Nat Wh		
(APPROX.)	Work At Work	A	
22. I certify that (1) (this hospital) a		Dec. 1969.	· 8M47 1970
that (1) (we) lost saw the deceased of	alive an SUC	19 20 ond that in (my)	(our) opinian deoth occurred on the date
and hour and from the couses stated	above. (1) (We) (did) (did not)	view the body ofter death.	
23A. SIGNATURE	20:		23B. DATE SIGNED
Harold	P. Brehly AH	mending Med. Staff Phys. Director	8 1100,70
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	102.27
NAME (Type)			
24A. 8URIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or CI		(City, tawn, ar caunty) (State)
REMOVAL (Specify)	240. NAME OF CEMETERS OF CI		
Burial 5-11-19			ore City Md.
25A, DATE REC'D SY HEALTH DEPT. 25	8. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
MAY I 3 THAT Valent	10 7 10 10 10 10 10 10 10 10 10 10 10 10 10	o husaahnat. Ho	me 7401 Belain Pc
VS 150-REV, 1/1/68			

ng 525-1218 x 201/401 month House of Phinappe -



3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE R. COUNTY MARYLAND, WHERE PRONOUNCED DEAD A. STATE R. COUNTY MARYLAND DEATH C. CITY OR TOWN D. INSIDE CITY LIMITS? C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER TO BELLY ST. (24) S. SEX 6. RACE WIDOWED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED DIVORCED DIVORCED To A DECEMBER 19, AGE (In years lost birthdoy) Months: Doys Hours: Min.		2-5-30 /U 495U CERTIFI	CATE OF DEATH REG. NO. 70 4950
SEASE SEASE SEASE WITHOUT STATE OF THE PROPERTY OF SEASE SEA		PE OF DECEASED THE M. BEND	
AMARISHED NEURINGER STREET AND NUMBER CIPIE STREET AND NUMBER CIPIES AND NUMBER CIPI	FU	UL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY WARULADD, DSA 6.01
S. SEE S. BACE		SCHUPCH HOME AND	E. STREET AND NUMBER VES NO
INDUSTRIES NOT CONTINUED NOT CONTRIBUTION N	5.	SEX 6. BACE 7. MARRIED TO MINISTER	
A MOTHER'S MAME A MOTHER'S MAIDEN NAME A MOTHER'S MAIDEN NAME A MOTHER'S MAIDEN NAME ADDRESS A	104	WIDOWED DIVORCED	77700 lost birthdoy 69 Months Day's Hours Min.
15. West Deceased Even in U. S. Armed Street 15. SCHAIL 17. INFORMANT 20. ADDRESS 20. ADDR	don	e during most of working life, "even if relired"	MARGUAND USA.
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IT IT COST DATE CAUSE OF DEATH IT CAUSE		William P. Hugher	0 1
DISEASE OR CONDITION DIRECTLY LEDNING TO DEATH IThis does not meen the mode of dying, e.g., heeft failure, asthenia, etc. It meens the disease, injury or complication which coused deeth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) sloting the UNDERLYTING CONDITION lost. ON THE SIGNIFICANT CONDITIONS CONTRIBUTING OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OF CONTRIBUTION INFO CONDITION FOR WHICH OFFERTION WAS PERFORMAND OR CONTRIBUTING CAUSE OF DEATH? OF CONTRIBUTING CAUSE OF INJURY (e.g., in or obout) 21C, WHERE DID COUNTRIBUTING COURSE OF INJURY (e.g., in or obout) 21C, WHERE DID COUNTRIBUTING COURSE OF INJURY (e.g., in or obout) 21C, WHERE DID COUNTRIBUTING COURSE OF INJURY (e.g., in or obout) 21C, WHERE DID COURSE OF INJURY (e.g., in or obout) 21C, WHERE DID COURSE OF INJURY (e.g., in or obout) 21C, WHERE DID COURSE OF INJURY (e.g., in or obout) 21C, WHERE DID COURSE OF INJURY (e.g., in or obout) 21C, WHERE DID COURSE OF INJURY (e.g., in or obout) 21C, WHERE DID COURSE OF INJURY (e.g., in or obout) 21C, WHERE DID COURSE OF INJURY (e.g., in or obout) 21C, WHERE DID COURSE OF INJURY (e.g., in or obout) 21C, WHERE DID COURSE OF INJURY (e.g., in or obout) 21C, WHERE DID COURSE OF INJURY (e.g., in or obout) 21C, WHERE DID COURSE OF INJURY (e.g., in or obout) 21C, WHERE DID COURSE OF INJURY (e.g., in or obout) 21C, WHERE DID COURSE OF INJURY OCCUR? OF CONTRIBUTION (e.g., in or obout) 21C, WHERE DID COURSE OF INJURY OCCUR? WAS ABUSE OF THE ORDER OF INJURY OCCURRED OF INJURY OCCUR? WAS ABUSE OF THE ORDER OF INJURY OCCURRED OF INJURY OCCUR? OF CONTRIBUTION (e.g., in or obout) 21C, WHERE DID COURSE OF INJURY OCCUR? WAS ABUSE OF THE ORDER OF INJURY OCCURRED OF INJURY OCCUR? OF CONTRIBUTION (e.g., in or obout) 21C, WHERE DID COURSE OF INJURY OCCUR? WAS ABUSE OF THE ORDER OF INJURY OCCURRED OF INJURY OCCUR? OF CONTRIBUTION (e.g., in or o	(Ye	s, na ar unknown) (It yes, give war or dates of servicet SECURITY NO.	of marie Heinel (sister) 1304 n. curley of
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION (C). ON THE SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITIONS CONTRIBUTING CONDITION (C). ON THE SIGNIFICANT CONDITION (C). II ON THE SIGNIFICANT CONDITION (C). III ON THE DEATH BUT NO RELATED TO THE HEMINAL DISEASE OR CONDITION FOR WHICH OPERATION (C). III ON THE SIGNIFICANT CONDITION SCONTRIBUTING DISEASE OR CONDITION FOR WHICH OPERATION (C). III ON THE DEATH BUT NO RELATED TO THE HEMINAL DISEASE OR CONTRIBUTING (C). III ON THE SIGNIFICANT CONDITION FOR WHICH OPERATION (C). III ON THE SIGNIFICANT CONDITION FOR WHICH OPERATION (C). III ON THE SIGNIFICANT CONDITION FOR WHICH OPERATION (C). III ON THE DEATH OF OPERATION (MAS UNDERLYING) (C). III III ON THE SIGNIFICANT (MAS UNDERLYING) (C). III III III III III III III		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CONCOL STORAGE DEL OCCUDON BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (C). OTHER SIGNIFICANT CONDITION SONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1974 DATE OF OPERATION 1974 CONDITION FOR WHICH OPERATION 20A AUTOPSYT (For or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Y. 2. 210 TIAL CONDITION GIVEN IN PART 1 (A). OR CONTRIBUTING CAUSES OF DEATH? Y. 2. 2110 TIALE (Menthal Copy) (Year) (Moud 21E INJURY (e.g., in or about 21C, WHERE DID (If in Baltimare City, give exact location) home, form, fectory, sheet, office bidg., INJURY OCCUR? OR CONTRIBUTING CAUSES OF DEATH? Y. 2. 2110 TIALE (Menthal Copy) (Year) (Moud 21E INJURY OCCURRED Work A) Not While A1 Not Work A) A1 Work A1 Wor		heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.A. . DISEASE OR CONDITION GIVEN EXCEPTION OF THE PROPERTY OF CREMATORY BALLIMORE, MAY 3 DISEASE OF DEATH? YELD GIVEN IN THE PROPERTY OF CREMATORY BALLIMORE, MAY 3 DISEASE OF DEATH? YELD GIVEN IN THE PROPERTY OF CREMATORY BALLIMORE, MAY 3 DISEASE OF DEATH? YELD GIVEN IN THE PART I.A.		DISEASES OR CONDITIONS, if any, giving nise to the obove cause (A) stating the	PR AS A CONSEQUENCE OF:
OR CONTRIBUTING CAUSE OF board incidence of the period of	ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Suda Lidella Mallan ulman
OR CONTRIBUTING CAUSE OF board incidence of the period of	ERTIFIC	WAS PERFORMED	AN CENTENNIO CALLERY OF THE AND ADDRESS OF THE ADDR
While At Work Not While Not While Not Work Not While Not Work Not	CAL	DEATH Inotify medical examined elc.)	e.g., in or about 21 C. WHERE DID (If In Baltimare City, give exact location) et office bidg., INJURY OCCUR?
that All (we) last saw the deceased alive an many 8 19 70 and that in first) (aur) pinian death accurred an the date and haur and from the causes stated above. If (We) (did) (did set) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED. 23B. DATE SIG	MED	OF INJURY IAPPROXI While At Not	While [7]
and hour and from the causes stated abave. If (Ne) (did) (did set) view the bady after death. 23A, SIGNATURE		that ((we) last saw the deceased alive an way 8	19 10 and that intern (aur) pinian death accurred an the date
23D. ADDRESS NAME (Type) POLADDO M. WELDOWA, MD. DEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 5/11/70 Baltimone (emetery) Paltimone, Manyland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS John A. Jonan. Inc. 3000 E. Baltimone St.		23A. SIGNATURE COLOND.	61) view the bady after death. 23B. DATE SIGNED,
Burial Cremation, 24B. Date 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION 16ily, 10wn, or countyl (Stotel Burial 5/11/70 Baltimone Cemetery Baltimone, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 16 D. John A.		POLADDO A. WEDBOXA, MD	100 r. Broadway St, Baltines,
2SA DATE REC'D BY HEALTH DEPT. 2SE NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS MAY 13 1870 Value 1880 1880 1880 1880 1880 1880 1880 188	1	Burial Specify 5/11/170 Baltimore (e)	CREMATORY 24D. LOCATION (Sity, town, or county) (State)
16 160 0514 1/1/16		MAY 13 1970 Valley E. Jackey 14 90	2SC, FUNERAL DIRECTOR ADDRESS



VS 150-REV. 1/1/68



IMPORTANT

FUNERAL DIRECTOR:

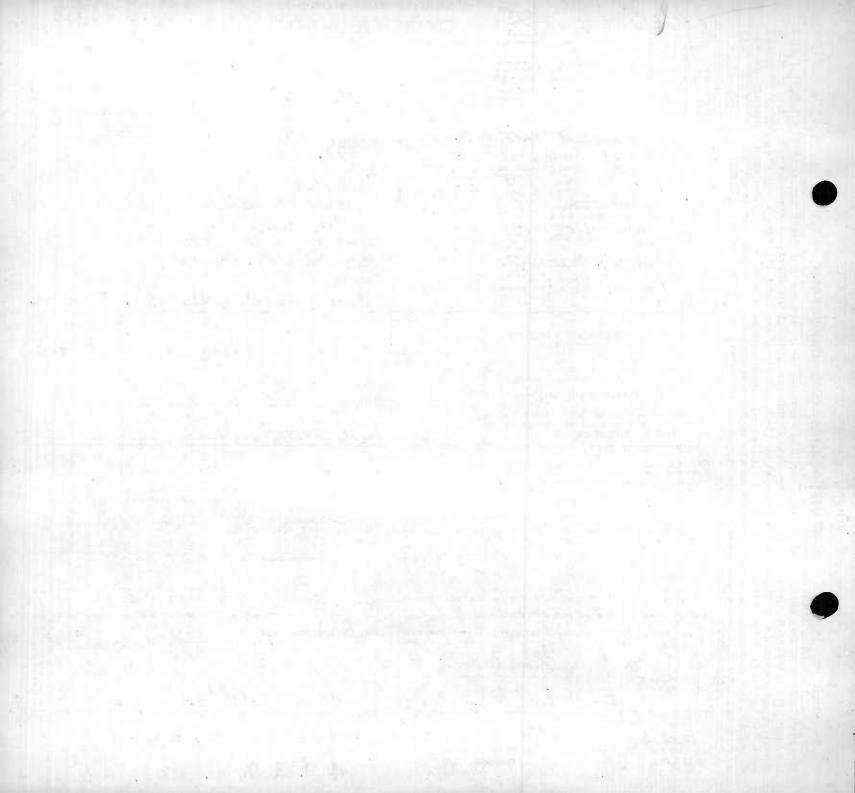
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

If Under 24 Hrs.

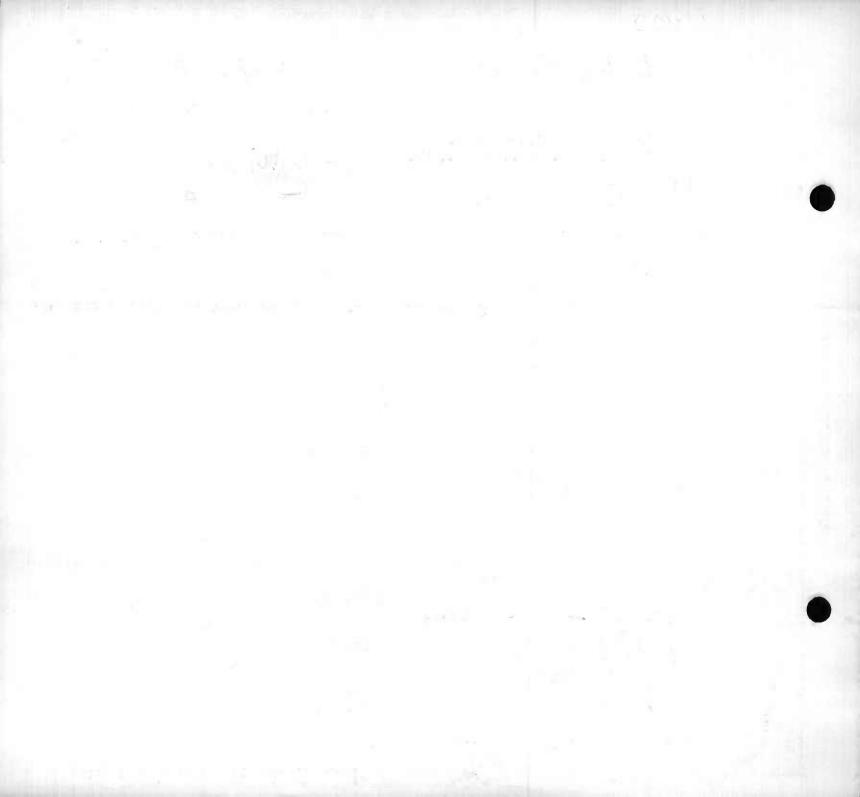


IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

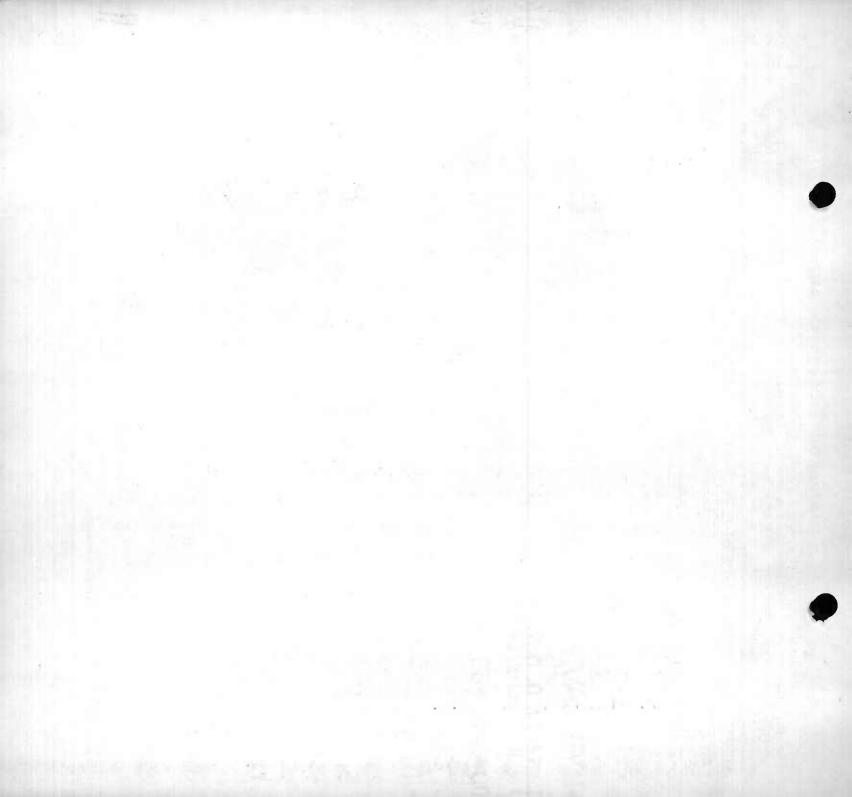
	0 - 453 70 4954 CERTIFICA	Y HEALTH DEPARTMENT X REG. NO. 70 4954						
T. N (Typ	Le hland, Miss Mary C.	2 DATE AND HOUR OF DEATH 5/9/70 17:05 P						
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: rosidence before admission B. COUNTY						
HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. BALTO, 5300 C. CITY OR TOWN D. INSIDE CITY LIMITS?						
1	Bon Secours Hospital	Baltinore YES NO						
-	100381.	1846 Sutton Are						
5. S	MARKIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years II Under 1 Yr., If Under 24 H Months; Days; Hours; Min.						
	emale white WIDOWED DIVORCED	1/1/20/88 80 81						
don	. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY e during most of working tile, even if relired)	11. BIRTHPLACE/(Stole or loreign country) 12. CITIZEN OF WHAT COUNT						
12	INS. NEW AMSTER DAY	Mary and . U.S. a.						
130	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
E	Herman D. Welland	Di Mye banah						
Yes	Wes Deceased Ever in U. S. Armed Farces? , no or unknown) (If yes, give war or dates of service) 16. SOC!AL SECURITY NO.	17. INFORMANT ADDRESS						
	7120703	A HOSP. REC.						
	18.3 60 9 1 CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DE						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	The Indestinal obstration flans						
	(This does not mean the made of dying, e.g., (A) IMMEDIATE CA!	A CONSEQUENCE OF:						
	heart lailure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	A CONSEQUENCE OF:						
	ANTECEDENT CAUSES							
	DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS	A CONSEQUENCE OF:						
	use in the above conse (W) signing the	A CONSEQUENCE OF						
	UNDERLYING CONDITION lost, (C)	***************************************						
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
읡	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
CERTIFICATION	19A. DATE OF OPERATION WAS PERFORMED 19A. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street of peach (notify medical examines)	in or about 21C. WHERE DID (If in Baltimare City, give exact location) flice bldg., INJURY OCCUR?						
MEDICAL	21D-TIME IManthi (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
₹	OF INJURY IAPPROX.) While At Not While	ie 🗂						
	22. I certify that (4) (this hospital) attended the deceased from							
	that (1) (we) last saw the deceased alive on 5 9.70	1.						
		19and that in(my) (our) opinion death accurred on the d						
	and hour and from the causes stated abave. (I) (We) (did) (did-not) view the body after death.							
	Soul Roll Mound Atte	anding Med. Shaff Staff						
	23C.PHYSICIAN'S	23 D. ADDRESS						
	NAME CITYPO C. KERL MB CLB	BON SICOURI GOSP BALTO. MDZ122						
24A	BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF CRI	EMATORY 24D. LOCATION (City, town, or county) (Stotel						
1	REMOVAL (Specify) 5/12/70 LOUDON M	PADE BOIL AND						
25A	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS						
N	1AY 1 3 1970 Robert E Farber 78.00 0	VEASO MANABR 21227						
-1	150-PEV-17/769	the children and						

the second of the species of the second him total notices you c cell tolate downers are the a

4-40	52 70 49	55		HEALTH DEPARTMENT		70	4955
BIRTH NO.	-0	JJ	CERTIFICA	TE OF DEATH	REG. NO		1300
(Typo or Print)	AMES E. HOL	MESBE	Y (Holmes		AND HOUR OF DEATH	1	630 4
3. PLACE IN BA	LTIMORE MARYLAND, W	AL OR INSTITU	UNCED DEAD JTION, GIVE STREET	4. USUAL RESIDENCE (WARYLAND	UNIT	stitution: residence	e belore odmissio
44UNL		ORIA	L	BALT IMORE		DE CITY LIMITS? YES 🔀	NO 🗌
				513 E.	20th STRE	ET	
5. SEX	6. RACE	WIDOWED		8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Il Under 1 Yr. Months Doys	Il Under 24 Hr Hours Min.
PORT	ER.	10.	BUSINESS OR INDUSTRY un Papers	11. BIRTHPLACE (Stote or I	oreign country)	12. CITIZEN O	F WHAT COUNTI
13. FATHER'S NA	ME Alb	ert Hol	mesb & y	14. MOTHER'S MAIDEN N	Lottie		
15. Wos Deceoser (Yes, no or unknown	Ever in U. S. Armed For Il (II yes, give wor at dote	ces? s of service)	16. SOCIAL SECURITY NO. 216-12-7953	17. INFORMANT EMMA SCOVE 513 E. 20th	NS- SISTER	ALTIMOR	
(This daes hearl foilure, injury as car	SE OR CONDITION DIF LEADING TO DEATH nat mean the made of asthenia, etc. It means application which caused ANTECEDENT CAUSES	dying, e.g., the disease, death.)	DUE TO, OR AS	SE METASTATION A CONSEQUENCE OF: SOURCE A CONSEQUENCE OF:	C CARCINO	APPR BETWEE	OXIMATE INTERVAL N ONSET AND DEAT
inse la lh UNDERLYIN	OR CONDITIONS, if a above cause (A) G CONDITION last. II FICANT CONDITIONS COINT NOT RELATED TO THE	Stating the	(c) PROBA		UMONIA	6	wks.
OTHER SIGNII TO THE DEAT DISEASE OR CO 19A. DATE OF	OPERATION GIVEN IN PARTICULAR TO PERATION 198 CON WAS PERF	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE F	INDINGS CONS	IDERED
OR CONTRIBU	NT WAS UNDERLYING DITING CAUSE OF	21 B. home etc.)	PLACE OF INJURY (e.g., ir , lorm, foctory, street, of	or about 21 C. WHERE DID	(II in Baltimore	Cily, give exoct	lacotion)
21D-TIME OF INJURY JAPPROX.)	(Monthl (Doy) (Year)		INJURY OCCURRED Not White At Work	21F. HOW DID II	VIURY OCCUR?		
22. I certify that (1)(we)	that (1) (this hospital	ottended th	deceased from 5	1/14 19 70 and	19 70 to	5/12 Ion death occu	19.70
ond hour one	from the causes state IRE L.	Leddi	44.5	ew the bady after death	•	23B. DATE SIGN	
23C. PHYSICIA NAME (T	M.S.	. /	DEGREE	3D. ADDRESS		SPITAL	
Burial CRE	MATION, 248. DATE Specifyl 5-15-70		ME of CEMETERY of CRE utus Memorial	MATORY 24D.		, town, or county	(Stotel
	BY HEALTH DEPT.	25B. NAME OF	REGISTRAR		R 1735 Harfor	d Ave. 42	PE153
MAY 1 3	100	Jaben,	ACA DO	Marshall W.	Jones, Jr.	u Aye. 2.	1213



	C 22 2 70 401	BALTIMORE CITY	HEALTH DEPARTMENT		-
	300 /U 49	CERTIFICA	TE OF DEATH	REG. NO.	10 4050
	1. NAME OF DECEASED (Type or Print) + Lhal Co +	TOTAL	2. DATE AND	HOUR OF DEATH	415
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If in	stitution: residence before odmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	III	Robert St.	DE CITY LIMITS?
	19 601 pena C	we	E. STREET AND NUMBER		YES NO NO
made	5. SEX 6. RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH 9	AGE (In years	If Under 1 Yr., If Under 24 Hrs.
E	7 , 0	WED DIVORCED		est birthdays	Months Doys Hours Min.
n is	10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
final disposition	Unemployed		Baltimore		
150	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
lisp	unknown.		unknow	Un	
<u> </u>	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	,	ADDRESS
i l		213-26-5400	Chart	6007	Tenna Gos
or	1B. 4/ 64/ 1	CAUSE OF DEAT	HYPERTENSI	VE	APPROXIMATE INTERVALE BETWEEN ONSET AND DEATH
e d	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		SCHENOTIC H	CAPI	VEARI
balmed	(This daes not mean the made of dying,		A CONSEQUENCE OF:	MSE	4011103
	heart failure, asthenia, etc. II means the disc injury ar camplication which caused death.)	eose,			
e H	ANTECEDENT CAUSES	(B)			
are	DISEASES OR CONDITIONS, if any, gi	9	A CONSEQUENCE OF:		
- 11	UNDERLYING CONDITION Iosi.	(c)		***************************************	
remains	Z OTHER SIGNATURE CONTRIBUTE	NS (5.0)	100015	1,56 0	111001
	O THE SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		GRENE	2691	1 years
ore the	19A. DATE OF OPERATION 19B. CONDITION I	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED
- Le	# ()	210 81 4 65 00 10 110 110 1	100		
bef	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., i home, form, loctory, street, of etc.)	fice bldg., INJURY OCCUR?	(It in Boltimore	e City, give exact location)
ained	Q 21 D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
ain	(APPROX.)	While At Work Not While At Work	e 🗌		
o pt	22. I certify that (1)(this hospital) attend	ed the deceosed fram	2-20 19	70 to 5	- 10 1970,
pe	that (1) (we) last saw the deceased alive			r ir (my) (aur) apir	nlan death accurred an the date
	and hour and from the causes stoted obay	re. (1) (We) (did) (did not)	riew the body after deoth.		
must	23A. SIGNATURE) 111 Atte	ending Med. S	taff [23B. DATE SIGNED
0	23C. PHYSICIAN'S	The Journal Phy		hys.	5-11-10
approval	NAME (Type)	11 D	936 W. NOL	TH stup.	BAUTO
dd	Dr. Richard Tyson	C. NAME of CEMETERY OF CRI	100	CATION (Gi	ly, town, or county) (State)
	Burial (Specify) 5/14/70	M Auburn C		altimore	
	7//	ri nabalii o			Md
Ė	1. 1. 1. 1. 1. 1. A A A A A A A A A A A	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1	ADDRESS
written	1. 1. 1. 1. 1. 1. A A A A A A A A A A A	+-		Vstead K	



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	0 6	RALTIMORE CITY	HEALTH DEPARTMENT		
-	K-210 70 40	177		REG. NO. 70	1 4057
	BIRTH NO. 70-07696	CERTIFICA	E OF DEATH	KEG. 140	7.501.
	Type or Print	1/	2 DATE AL	D HOUR OF DEATH	
	Kiggsbee B	aby and be	sell med 5	-8-70	111.15 P.M.
- 11	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE IWHE	re deceased lived. If institution	: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)		Maryland		1537
	NSTITUTION	0 1	C. CITY OR TOWN	D. INSIDE CITY	LIMITS?
	-MNINERCY HOSPIT	of chilorational	E. STREET AND NUMBER	YES [NO NO
	38 0018	imive	3100 Rieda	nont Ave	
5	SEX FEMILY 6. RACE 7. MARE	IED NEVER MARRIED 8		Q AGE (In yours Life III-	der 1 Yr. , If Under 24 Hrs.
	MIDON		5-8.70	last birthdoy) Month	Deys Heurs Min.
1	OA, USUAL OCCUPATION (Give kind of work 10B, KINI one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	. BIRTHPLACE (Stote er fere	gn country) 12. Cl	TIZEN OF WHAT COUNTRY?
	and of Monana may deal it failed?		You thousan	my.	€US A
1	3. FATHER'S NAME	i.	MOTHER'S MAIDEN NA	ME)	- W. > 1)
	Paul A- Rigo	35600	M	at labor	
16	5. Was Deceased Ever in U. S. Armed Forces? (es,no er unknown) (If yes, give wer er detes ef servi	1 6. SOCIAL 11	INFORMANT	ret Junas	ADDRESS
1	yes, give wer or beies or servi	SECURITY NO.	m. 6.10	1. 1. 2. 4	
1	18. 5 4. / 9 1	CAUSE OF DEATH	Made Re	ggsly 3100 t.	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY			1	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAUSE	Cardiover	by he and	1
	(This does not meen the mode of dying, heert failure, osthenio, etc. It means the dise		ONSEQUENCE OF:	1.42.444 GAS	**************************************
	injury or complication which coused death.)		Α	`	
	ANTECEDENT CAUSES	(D) CONG	enital hea	it disease	
	DISEASES OR CONDITIONS, if any, giv	ing DUE TO, OR AS A			
	nise to the above couse (A) stoling UNDERLYING CONDITION tost.	(C)			
1	11				
S	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG			
Ā	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	*****************	*************	***************************************	
ERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes er No	208. IP YES, WERE FINDING	S CONSIDERED
8	21A ACCIDENT WAS UNDERLYING	219 BLACE OF BUILDING	No	<u> </u>	
CAL	OR CONTRIBUTION OF THE	21& PLACE OF INJURY (e.g., in o home, ferm, foctory, street, office etc.)	bldg. INJURY OCCUR?	(If in Boltimere City, g	ive exoct lecotion)
0	21D Title (Admit)				
MEDI	OF IMPORT	21E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
	(APPROX.)	While At While Met While Met Work			
	22. I certify that (1) (this hospital) attende	d the deceased from 5	- }-	9 70 to S	- 1978
	that (1) (we) lost saw the deceased alive a			t in (my) (our) opinion de	
	ond hour and from the couses stated abave	(I) (We) (did) (did_net) view	v the body after death.		
	23A. SIGNATURE			23B, DA	TE SIGNED
	B-819	MO DEGREE Phys.	Med. Director	Staff Phys.	8.20
	23C-PHYSICIAN'S NAME (Type)	DEOREE	ADDRESS	.,,	^
	M. H. ALI	RAIC	Universit	14 Hospita	
24	A. BURIAL CREMATION, 24B. DATE 24C	NAME OF CEMETERY OF CREMA		CATION ICity, town,	en countyl (State)
	Berril 5-12-76 /	Mr. Cuhum	Complex are	tout (Baits	mana) mil
25		E OF REGISTEAR	25C NUNERAL DIRECTOR	Jon Janua	ADDRESS
	MAY 1 3 1970 P.P. A & Jak	WILL OF O	Kun In	neal Home 25	222 m. narth are

1	9-60	25 70	498		Y HEALTH DEPARTME		70 4	1058
В	IRTH NO.			CERTIFICA	TE OF DEAT	TH REG. NO	70 -	1900
	NAME OF DEC	EASED (1		2. DA	TE AND HOUR OF DEAT	Н	
	C	HARLIE	GA	RRISON		5-11-20) 1 4	2:30 PM
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONC	OUNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If		nce before admission
F	ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	Maryland		1=	302
B	NOTITUTION	ADDRESS OR EOC	AIIONI		C. CITY OF TOWN	D. IN	ISIDE CITY LIMITS	?
L	har		0 / 1	W MACRITA	Baltimore		YES 🔼	NO 🗌
	4940 Fa	stern Avenue re, Maryland	CIT	7 79 0 3 1-174	E. STREET AND NUM	BER		
	Baltimo	re, Mary Tand	21224		4940 Easte	ern Avenue Ba	lto. Md.	21224
5.	SEX	6. RACE	7. MARRIED	XNEVER MARRIED	8. DATE OF BIRTH	O AGE (In many		r. If Under 24 Hrs. 8 Hours Min.
	Male '	Negro	WIDOWED		2-24-1902	last birthdoy)	Months Doy	Hours Min.
10	A. USUAL OCCU	JPATION (Give kind of work	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
-	Retired	working life, even if retired)			Virginia,	Warwick Co.	USA	,
13	FATHER'S NAM	AE .			14. MOTHER'S MAIDE	N NAME		
	Charli				Carolyn			
15.	Was Deceased	Ever in U. S. Armed Far- Uf yes, give wor or dote	ces?	1 6. SOCIAL	17. INFORMANT	4940 Easter	IDA .	DRESS
Y	es.	7/17/18 9/3	30/21	SECURITY NO. 217-05-6543	BCH-Records			
-	18.	9		CAUSE OF DEAT	^	Baltimore,		21224
1	367	E OR CONDITION DIR	TOTI V	CAUSE OF DEAT	n		BETWE	PROXIMATE INTERVAL
	DISEAS	LEADING TO DEATH	RECILY		-p. 6	able CVA		
1	(This does no	ol meon the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	BOCE COA		Z mos.
1	heart foilure,	asthenio, etc. It means plication which caused	the disease.	DOL 10, OK AS	A CONSEQUENCE OF:			
		NTECEDENT CAUSES	aconi.	0.00	100			
				(B) A 2. C	A CONSEQUENCE OF:			
	rise to the	R CONDITIONS, II o	any, giving		00	1		10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
	UNDERLYING	CONDITION last	oraning into	(c) CN:	Soyplu	lis		
		II.			7			***************************************
ATION	OTHER SIGNIFIC	CANT CONDITIONS CON	NTRIBUTING		UT	7		
F	DISEASE OF CO	BUT NOT RELATED TO THE	1 (A).	*****************		<u> </u>		4-5 WOS.
FIC/	19A. DATE OF	OPERATION 198, CONI	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERE	FINDINGS CON	SIDERED
ERTIFI	11				YES	IN CERTIFYING CA	AUSES OF DEATI	H?
CALC	OR CONTRIBUT DEATH (notify	T WAS UNDERLYING TING CAUSE OF medical examined	21 B. hom etc.	PLACE OF INJURY (e.g., in the, form, loctory, street, of)	or obout 21 C. WHERE Difice bldg., INJURY OCCU	DID (II in Boltimo	ore City, give exoc	:t locotion)
103	21 D. TIME	(Month) (Doy) (Year)	(Hour 21E	INJURY OCCURRED	21F. HOW DII	D INJURY OCCUR?		
2	OF INJURY			ile Al Not While		- MICORY OGGOR		
	00 1 1		Wo					
		hat (I) (this hospital)				19ta	5-11	1970
	7 .\	ast saw the deceased		6-11	19	nd that In (my) (aur) ap	Inian death ac	curred an the date
	and have and	fram the causes state	ed abave. (I) (We) (did) (did nat) v	ew the bady after de	ath.		
	1		1 1		* -	- IDWALLO	23B, DATE SIG	NED
	A	lengt. C	relle	Phys	iding Med. Director	Stoff Phys.	6-	11-70
	23C. PHYSICIAN	rs pel		2	3D. ADDRESS	Factor No.		
	JA	IME F.	CAS	ELLAS M.D.	TO/OT T	Eastern Avenue		
24/	REMOVAL (Sp	ATION, 248, DATE		AME of CEMETERY OF CRE	MATORY 24	more Maryland	ity, town, or coun	ntyl (Stote)
	Burial	5-14-70		lto. Nat'l Cem		Baltimore,	Mary	
254	DATE REC'D			OF REGISTRAR	25C. FUNERAL DIRE			
	MAY 131	970 Robert E			MORTON & D			DDRESS
VS	150-REV. 1/1/68		1	7.50	High of GSp	1411 1.11. 1/	oi Laurer	ns Street

All the second of the State of

> = -1-

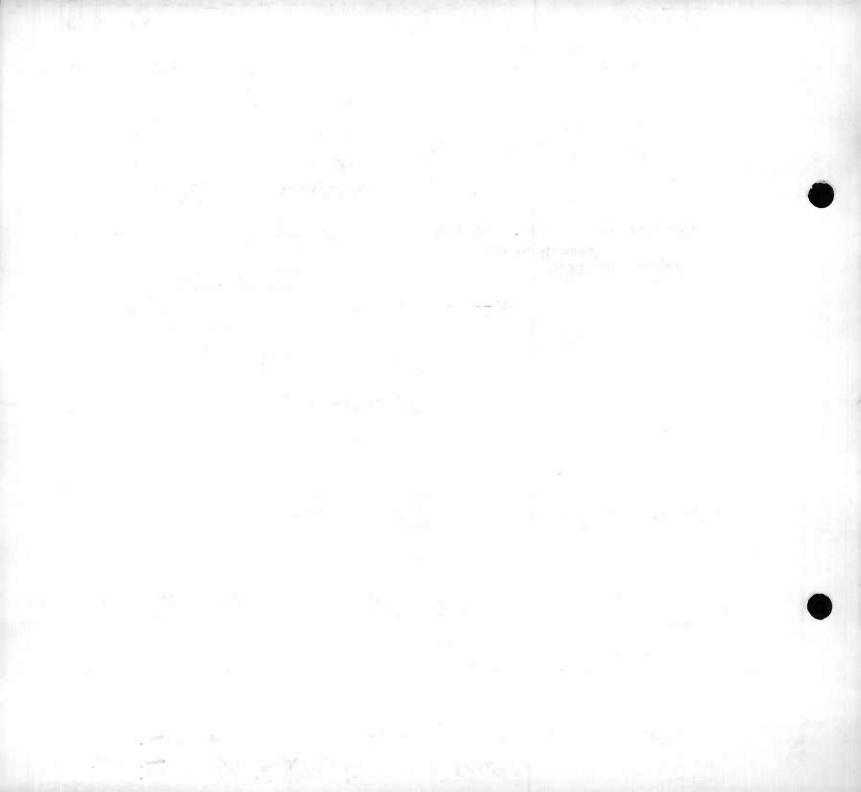
VS 150-REV. 1/1/68

HURENS



06-11-63 CSK			MIC		BALTIMORE CIT	Y HEALTH DEPARTMEN	NT	1910	
and and ased the Such		IRTH NO.	70	4960		TE OF DEAT		70 4960)
		ype or Print)	M _a ry Catheri	ne Cook		2. DA	5-10-70	н 8:00	P
pital of do Dece	3	PLACE IN BALT	MORE MARYLAND, V		CED DEAD	4. USUAL RESIDENCE		institution; residence before od	-
hos use ; (5) dand		ULL NAME OF IOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC			Maryland C. CITY OR TOWN		2731	mission)
	- 11	01	Baltimore C	ity Hospi	tals		ען .ט	YES NO	
ting d cau r att		31	4940 Easter	n Ave.		E. STREET AND NUMB	ER	YES NO	
a de co			Baltimore,	Md. 21224		4211 Heck	el Ave. 212	13 007	
- E 5 7 8	5.	1	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last bighthay)	If Under 1 Yr. , If Under	24 Hrs.
eg dse		Female	White	WIDOWED	DIVORCED	8-29-13	10st bightay)	Manths Deys Hours	Min.
000	10	A. USUAL OCCU	PATION (Give kind of worl orking life, even if retired)	108 KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote o	f foreign country!	12. CITIZEN OF WHAT CO	UNTRYT
de c		Real.	Estate			Marriand			
200	12	FATHER'S NAM				Maryland 14. MOTHER'S MAIDEN	NAME	U.S.A.	
dispo		Was Deceased	Andrew C	Lenden		Anita 7	Brown		
final		es, no or unknowni	Of yes, give wor or dote	s of service)	SECURITY NO.	BCH Records	4940 Easter: Baltimore,		
enda d or		18.	Y XI		CAUSE OF DEAT	Н	· -dr damore,	APPROXIMATE INT	PVAL
,		DISEASE	OR CONDITION DI	RECTLY		0 1	0	BETWEEN ONSET AND	
E			EADING TO DEATH		(A) IMMEDIATE CAU	SE Krandon	was freem	ia al A	1
-) near lativie, a	t mean the mode of sthenia, etc. it means	the disease	DUE TO, OR AS	A CONSEQUENCE OF:		2000/	Y.
mba		infinity at camb	licalian which caused	death.)		10		1 1	
0			NTECEDENT CAUSES		(8) //42/2	tiprosiv mix	L Myeloid	netropal /	100
are		DISEASES OR	CONDITIONS, if	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:		7,7,0	
dins		UNDERLYING	above cause (A) CONDITION last	siding the	(c)				
			II.		(0)			***************************************	
	ATION	OTHER SIGNIFIC	ANT CONDITIONS CON	TRIBUTING					
	AT		BUT NOT RELATED TO TH NDITION GIVEN IN PART	E TERMINAL	****************		**********************		
	ERTIFIC.	19A-DATE OF C	PERATION 198 CONT	OTTON FOR WHICH	H OPERATION	20A. AUTOPSY? (Yes o	Na 208, IF YES, WERE	FINDINGS CONSIDERED	
	CERT					705	IN CERTIFIENCE	CUSES OF DEATH ES	
		OR CONTRIBUTE	WAS UNDERLYING		CE OF INJURY (e.g., in	or about 21 C. WHERE DI	D (If In Boltimo	re City, give exost (ocotion)	
		DEATH inotity m		eich				V	
	AEDI	OF INJURY	Month) (Doyl (Yeoil		URY OCCURRED		INJURY OCCUR?		
	1	(APPROX)		While A	Not While				
		22. I certify th	nat 📆 (this hospital)			5/1	10 7/700	S/10	75
			st saw the deceased		5/10	19_20 and			0
							inat in (my) (ame) op	nion death occurred on the	a date
		23A. SIGNATURE	The courses state	- abaves (1) (a	e7 (ala) (a la 1101) vi	ew the bady after dea	th.		
		V.	060	11.	MA AHAN	dina 🗀 Mad	sur dans	23B DATE SIGNED	
		25C. PHYSICIAN	· Conge	Men	DEGNEE	ding Med.	Staff Physic	5//0/)	0
		NAME (Type				3D. ADDRESS	940 Eastern A	ve Baltimore, Mo	•
	-		Joel Engle		DECREE	Ballim	e City	HOSP	
	24A	REMOVAL (Spe	ATION, 248. DATE	24C.NAME	of CEMETERY OF CREA	MATORY 24D	LOCATION (C	ity, town, or county! (St	otel
		Buria	2 5-14-7	1 11/1/	5. Olin	1	Bulto.	m	0
	25A	DAMEGO	SHEDTH DERT RE	PENWE SES	CINE B	25C, FUNERAL DIREC		ADDRESS	-
	1	Mari T	1 1010 000cc	9 7	0 0	25C, FUNERAL DIRECT	Heffmenn 3	3218 Huden.	ft
	VS	150-REV. 1/1/68					3.0		

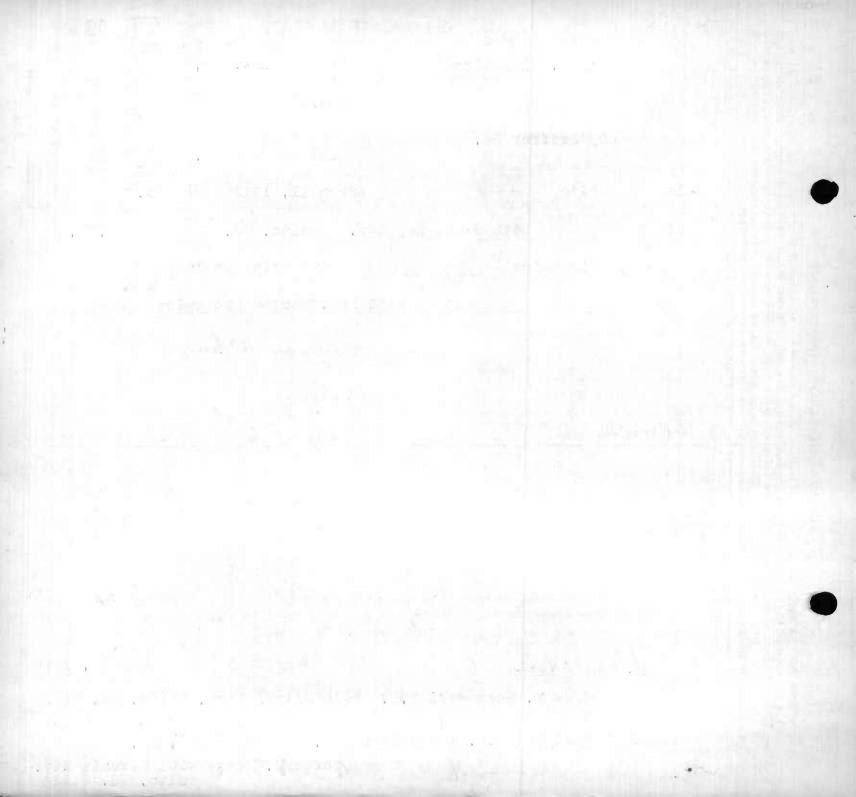
1	7.550 70 4004	BALTIMORE CITY	HEALTH DEPARTMENT		70 4000
	IRTH NO. 4961	CERTIFICA	TE OF DEATH	REG. NO.	10 4961
	NAME OF DECEASED DAMIEST		2. DATE	AND HOUR OF DEATH	7 . 7. 30
3	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCE	CED DEAD	4. USUAL RESIDENCE (W A. STATE, B. CO	here deceased lived. If in	nstitution: residence before admissi
F	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N. GIVE STREET	Mary Inn	J	702
1	Union Mempial	Hosp.	Baltimer	D. INS	YES NO
	44 33 to of Calmit	SKs.	E. STREET AND NUMBER	Mal:	SY
5.	SEX 6. RACE , 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Ye . Il Under 24 F Months! Doys Hours: Min.
10	Cancella Widowed	DIVORCED	8/25/1889	V A	Total Super States
do	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BU		11. BIRTHPLACE (Stote of fo	preign country)	12. CITIZEN OF WHAT COUN
13	Seamstress Md.Clotl	ning	Eng/h	nd	U.S. 4
	Joseph Round		MOTHER'S MAIDEN N	AME L	
15	Was Decarsed Ever in II S Armed Forces 114	SOCIAL	17. INFORMANT DOSE	mound 3	ADDRESS
	es, no or unknown) (If yes, give wor or doles of service)	24-0901A	Son	nond Zeman	/ A
	18. 15-4, 11	CAUSE OF DEATH		BELF -	AFROXIMATE INTERVA
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH			2000	BETWEEN ONSET AND DE
	(This does not mean the mode of dving e.g.	(A) IMMEDIATE CAU		spurtny	anis/
	heart lailure, oslhenia, etc. It means the diseose, injury or complication which coused death.)	DUE 10, OR AS A	CONSEQUENCE OF:		
	ANTECEDENT CAUSES	160	1. The state of the	-	
	DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	7.2	****
	rise to the obove cause (A) stoling the UNDERLYING CONDITION lost.	(c)			1
	11	_/			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	*****************			***************************************
CERTIFIC	11A DATE OF OPERATION 198. CONDITION FOR WHICE	H OPERATION	20A. AUTOPSY? (Yes or I	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING 21R PLA OR CONTRIBUTING CAUSE OF horse, for	CE OF INJURY (e.g., in	or obout 21C, WHERE DID		e City, give exact location)
컹	DEATH (notify medical examines) horie, for	im, foctory, street, offi	or about 21C. WHERE DID	p in bound	a day, give exect toconon;
0	21D-TIME (Month) (Doy) (Year) (Hour) 21E INJ	URY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
×	(APPROX.I While A	Not While			
	22. I certify that (I) (this hospital) attended the de		90ril 23	19 20 to 0	Tay 9 19 70
	that (1) (we) lost saw the deceased alive on	May 8	19 70 ond 1		Now death accurred an the de
	and have and from the causes stated above. (1) (W.	e) (did) (did not) vi	ew the body ofter deoth		
	23A. SIGNATURE	A11.	4 14.1	/	23 B, DATE SIGNED
	23 C. PHYSICIAN'S PUTE COUNTY	DEGREE Phys.	ding Med. Director	Shaff Phys.	May 9, 197
	NAME (Typel	2:	3D. ADDRESS		
24/	A- BURIAL CREMATION, 248, DATE 24C, NAME	of CEMETERY of CREA	AATORY 240	LOCATION (Cit	ly, town, or county) (State)
	REMOVAL (Specify)	ens of Fai			
25	A. DATE REC'D BY HEALTH DEPT. 258 NAME OF RE	ALCOHOLD IN CO.	25C FUNERAL DIRECTO	Baltimore,	ADDRESS
	MAY 1 3 1970 Robert E. Jailer, Mil	0000	25c. Funeral Directo Schimunek 2601	Funeral Ho Madison	ome, Inc.
Ve	150-REV- 1/1/68				



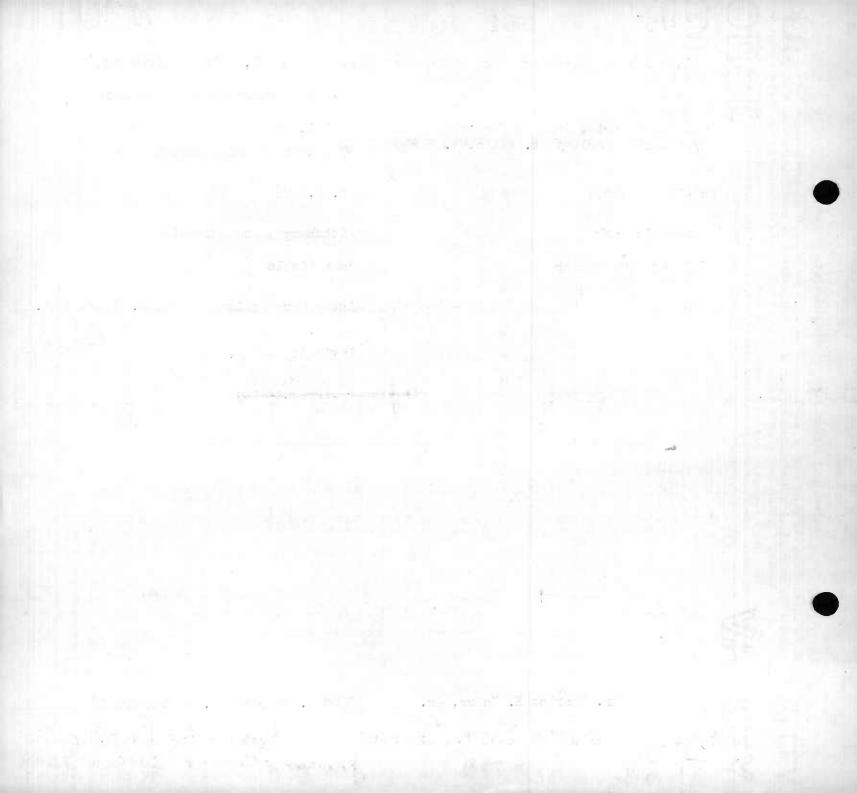
R-326 70	1000	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO.	70 4962
1, NAME OF DECEASED (Type or Print) (Type OR Print)	- 0	GERS 2. DATE AND HOUR OF DEATH	15.20 P.
3. PLACE IN BALTIMORE, MARYLAND, WE THE CATE OF THE CA	AMENDED	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY Md. 21205 C. CITY OR TOWN D. INS	IDE CITY LIMITS?
42 Sinai Hos	pital	Baltimore E. STREET AND NUMBER 1220 Quantril Way	YES X NO
5. SEX 6. RACE	7- MARRIED NEVER MARRIED NUMBER DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors 7 2 2 1921 lost birthdoy)	If Under 1 Ys. If Under 24 His. Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of worldone during most of working life, even if refired) Compositor	Sun Papers	New York City	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Leroy F. R	odgers	14. MOTHER'S MAIDEN NAME MOWERY	
15. Wos Deceosed Ever in U. S. Armed For (Yes, no or unknown) (If yes, give wor or dots yes WW 2	16. SOCIAL SECURITY NO. 135-18-7327	Virginia C.Rodgers, 1	ADDRESS wife, above
DISEASE OR CONDITION DILEADING TO DEATH (This does not meen the mode of heart failure, asthenia, etc., it means injury ar complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if this to the above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN PART CONDITION GIVEN IN CO	dying, e.g., the disease, deoth.) Ony, giving stoting the (C) NTRIBUTING HE TERMINAL	+ · · · · · ·	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
184. DATE OF OPERATION 198. CON WAS MERI	DITION FOR WHICH OPERATION OF	Restorations IN CERTIFYING CA	PINDINGS CONSIDERED USES OF DEATH? e City, give exact location!
OF INJURY (APPROX.) (Month) (Doy) (Yeo)	(Hour) 21E INJURY OCCURRED While At Work Not While At Work		
22. I certify that (I) (this hospital that (I) (we) lost sow the decease and hour and from the couses state	C \ Q \ ¬		nion deoth occurred on the dote
23A. SIGNATURE 23C. PHYSICIAN'S	OEGREE Phy	anding Med. Staff Med. Staff Phys. X	5 9) O
NAME (Type)	ARAUTO OEGREE 24C. NAME OF CEMETERY OF CRI		ly, town, or county) (Stote)
Burial 5/13/ 25A. DATE REC'D BY HEALTH DEPT. MAY 13 1370 Publish	258 NAME OF REGISTRAR	onal Cem. Baltimore, 25C. EUNERAL DIRECTOR Funeral Ho Schimunels Funeral Ho 3331 Brehms Lane	

VS 150-REV. 1/1/6B

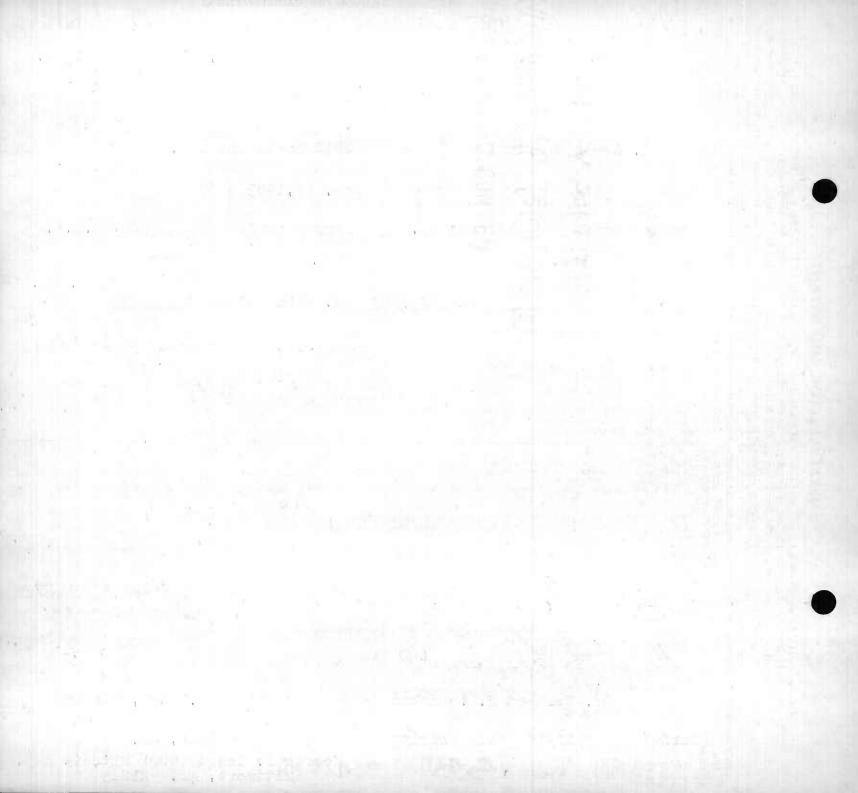
Balto. Md. 21225



0		BALTIMORE CITY	HEALTH DEPARTMENT		710
BIR	-215 A 496	4 CERTIFICA	TE OF DEATH	REG. NO	70 4964
	AME OF DECEASED Siste r Mary Sylvester (1	Mary Elizabeth Nu	ussbaumer May	9, 1970 at	11:00 a/m/
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceosed lived. If i	institution: residence before admission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION) TITUTION	STITUTION, GIVE STREET	College of Not	tre Dame of	Maryland 2711
100	lle ge of Notre Dame of 1	har furch	Baltimore	0. 1142	YES NO
2.4	901 North Charles At. Ba	0	E. STREET AND NUMBER	harles Stree	
5. 5	EX 6. RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	male Whate WIDO	WED DIVORCED	Sept.16,1876	lost birthday)	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIN) during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
	Domestic Work		Pittshurgh 1	Pennsylvania	
13.	FATHER'S NAME		Pittsburgh, 14. MOTHER'S MAIDEN NA	ME	
F	einhard Nussbaumer		Emma Kimble		
15.	Nos Deceosed Even in U. S. Armed Forces? "no or unknown) (If yes, give wor or dates of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No ,	220-54-6340.11	Sistem Many D	osita 470	Ol M Chamles Ct
	18. 4/19. 4	CAUSE OF DEATH	Sister Mary Ro	OSILIA 470	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		Urenica		BETWEEN ONSET AND DEATH
1	LEADING TO DEATH	(A) IMMEDIATE CAU	SE Infirmity of	Arre	3 whe
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS	111 1	0 1/0	
	injury ar complication which caused death.)	XX	Zvischenste	~ (- V De	8-
	ANTECEDENT CAUSES	(B)	atory Irregular	ity	
	DISEASES OR CONDITIONS, if any, gi rise In the above cause (A) stating UNDERLYING CONDITION last.	the	A CONSEQUENCE OF:		
	11	(C)		••••••	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIT				
CA		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	ol 20B. IF YES, WERE	FINDINGS CONSIDERED
CERTIFIC	WAS PERFORMED			IN CERTIFYING CA	AUSES OF DEATH?
AL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact lacation)
EDIC	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
×	OF INJURY (APPROX.)	While At Not While			
Н		Work At Work		1 9	16. 9
	22. I certify that (I) (th is hospital) attend	VII. 9 11		1967 ta M	19./
	that (I) (we) last saw the deceased alive)		not in (my) (que) op	inian deoth occurred on the dote
	and hour and from the causes stated above	e. (I) (We) (did) (did nat) v	iew the body ofter deoth.		
	23A. SIGNATURE	7 / / Dhue	Med.	Staff Phys.	23B, DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS		
	Dr. Charles E.	Carr. Jr.	3900 N. Charl	les St Dell	toimoro 18
244	BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE			toimore 18 City, town, or county) (Stote)
R	REMOVAL (Specify)	TETEOC (VEME	EDLI LA	SIL ALLA IND	Bar Com Mo
25 A	DRIAL S-11-19 10 6. DATE REC'D BY HEALTH DEPT. 258. NA.	ME OF REGISTRAR	256 FUNERAL DIRECTOR	MICHON MA	ADDRESS
MI	V 1 3 1970 Pale & E Jacke	THE O O		CURRAN	817 SCARLETT DR
VS	150-REV. 1/1/6B		4 7 5 0		TOUSON MO. 2170



0 .			BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	50 70	496	5 CERTIFICA	TE OF DEATH	REG. NO	70 4965
(Type or Print)		D. BI	OOM		y 7,1970	9:15 P.
3. PLACE IN	BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe		stitution; residence before admission
FULL NAME HOSPITAL OINSTITUTION	OF (IF NOT IN HOSPIT R ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
40	St. Agnes Hos	spital		Baltimore E. STREET AND NUMBER 2412 Marbou	arne Ave.	YES NO NO
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF SIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
Male	White	WIDOWED	DIVORCED	Jan. 19,190	67	
	OCCUPATION (Give kind of world st of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTR
	leshooter	Kopp	ers Co.	Pennsylvan		U.S.A.
TO TAINER 3	Wnk.			Unk.		
15. Was Dece	nosed Ever in U. S. Armed For	rces?	16. SOCIAL SECURITY NO.	17. INFORMANT	Last Highlan	Balto. Md. (
Unk.	, , , , , , , , , , , , , , , , , , ,		220 07 7569	Mr. John Gi	ijzak 1739	Redwood Bd.
18.	10171		CAUSE OF DEATI			APPROXIMATE INTERVAL
DI	SEASE OR CONDITION DI	RECTLY		1	H o.	011
(This do	LEADING TO DEATH	dvina. e.a	(A) IMMEDIATE CAL		hombon	, Judacy
heort foi	lure, osthenio, etc. It meons complication which coused	the diseose,		A CONSEQUENCE OF:		
injury or	ANTECEDENT CAUSES		O.A.	- 0. t.	CVD	_
DISEASE	S OR CONDITIONS, if		(B) DUE TO, OR AS	A CONSEQUENCE OF:		
rise lo	the obove couse (A)		4.2			
UNDERL	YING CONDITION lost.		(C)			
F TO THE	II GNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO T OR CONDITION GIVEN IN PAR	HE TERMINAL				
19A. DAT	E OF OPERATION 198. CON	IDITION FOR	WHICH OPERATION	20 A. AUTOPST? (Ves or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
_ OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF	21 B hom etc.	ne, form, factory, street, of	n or about 21 C. WHERE DID included in the state of the s	(tf In Boltimor	re City, give exact location)
U		(Hour) 21E	. INJURY OCCURRED	21F. HOW DID IN	URY OCCUR?	
OF INJU	RY	Wh	ile At Not Whit			
		Wo			1969 10	lay 7 1970
	rtify that (I) (this hospita (we)]ast saw the decease		April	17 10 70 and th	19 6/ to control	inian death occurred on the do
			1) (W-)(4:4)(4:44)	iew the body after deoth.	101 111(111)7 (00)7 001	,
23A. SIG		red goove. (i) (me data) (did not) V	new the body differ deoffi.		23B. DATE SIGNED
h	Litte	T.	Kan MD Atto	ending Med. Director	Shaff	5/8/70
23C. PHY	SICIAN'S	yne		23D. ADDRESS	Phys. —	11
NAM	AE (Type)	ont T			ive Anhut	ne Maruland
	CREMATION, 24B. DATE 'AL (Specify)	24C.N	AME of CEMETERY OF CRI		OCATION (C	ity, town, or county) (Stote)
Buri:	al 5/11/7	O HO	y Trinity	25C. FUNERAL DIRECTO	Elkridge,	Md. ADDRESS
MAY		E. Jab.		Pieotas 11	Gonce 40	of kitchie Hgy
VS 150-REV.				Baltin	more, Md.	2122)



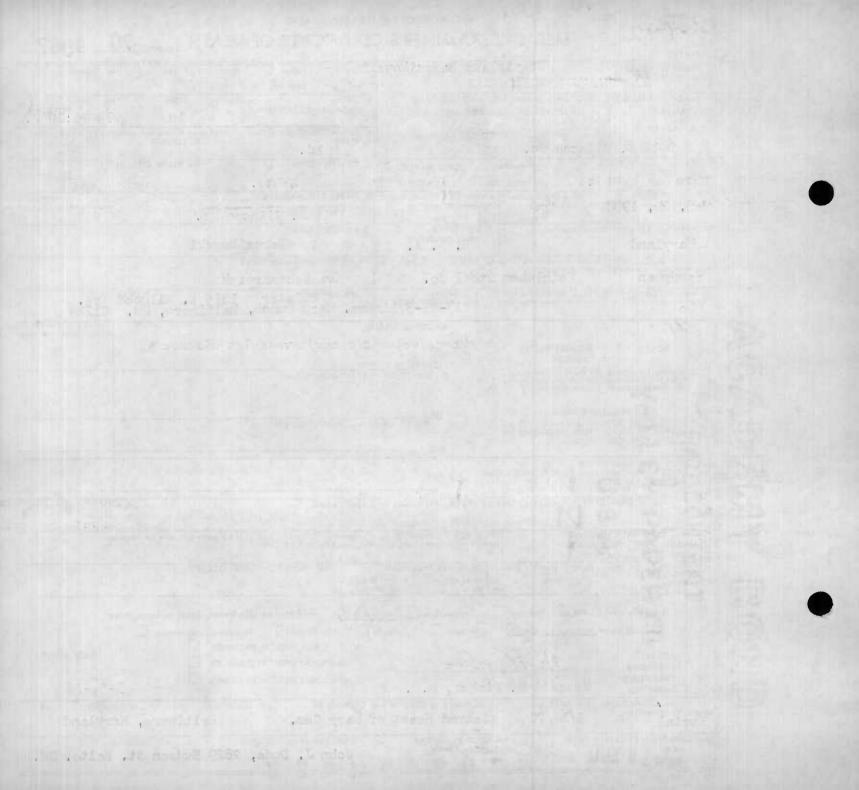
0 110		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	70 49	966 CERTIFICA	TE OF DEATH	REG. NO.	70 4966 -
"SEIBERT, DA	NIEL WILLIS		2. DATE A	ND HOUR OF DEATH	. 1 20 4
3. PLACE IN BALTIMORE,	MARYLAND, WHERE PRO	NOUNCED DEAD			stitution: residence before admission
FOLTNAGUES HO			MARYLAND C. CITY OR TOWN	25	34 21225
	ARYLAND 212		BALTIMORE E. STREET AND NUMBER	D. 11431	YES X NO .
40			3711 2ND ST	REET	
5. SEX 6. RACE	7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 H
MALE WHI	WIDOW	ED DIVORCED	10 16 99	lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
IOA. USUAL OCCUPATION	Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	aign country!	12. CITIZEN OF WHAT COUNT
CLERK	, even il renned)	BLE OIL	MARYLAND		USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	1 00.,
ANDREW SEIB		DEC 'D	(LUSBY) ROS.	Α	DEC 1
15. Wes Deceased Ever in U (Yes, no or unknown) (If yes, s	. S. Armed Forces? ive wor or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT DE	CORD'S BAL	ADDRESS
NO		214015716			TIMORE MD 2122 KENS & CATON A
18.4 11.4		CAUSE OF DEATH	ST AGIVES 170.	STITAL WIL	APPROXIMATE INTERVAL
DISEASE OR CO	NDITION DIRECTLY		1	1 0 .1	BETWEEN ONSET AND DEA
LEADING	TO DEATH	(A) IMMEDIATE CAU	" Condiscoso	was Cella	1000
(This does not mean	the mode of dying, e. elc. If means the disea		CONSEQUENCE OF:		
injury ar camplication	which caused death.)	se,		/ .	
ANTECED	ENT CAUSES		Myocardia	Inforce	Co
DISEASES OR CONT	ITIONS, if ony, givi	ng (B)	A CONSEQUENCE OF		*************************
rise to the abave UNDERLYING CONDI	cause (A) stoling f	110	Commen	0-1	
ONDERENING CONDI	IION Idsi.	(C)	Cowranz	Decu	10Cgr
E I IO THE DEATH RUT NO	11 NDITIONS CONTRIBUTIN RELATED TO THE TERMINA	G il4	abdomid	anti a	money
DISEASE OF CONDITION	N 198 CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No	300 15 855 1455	7000
NONE	WAS PERFORMED			IN CERTIFYING CAU	INDINGS CONSIDERED
U 121A. ACCIDENT WAS L	NDERLYING 2	1B. PLACE OF INJURY (e.g., in	ot obout 21 C. WHERE DID	W to Poly	2-
DEATH (notify medical e	AUSE OF	ame, farm, foctory, street, off ic.)	ce bldg. INJURY OCCUR?	(ii in bollimore	City, give exoci location)
OF INJURY (Month)		L INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)		While At Not While			
22. I certify that XIX(the deceased from MA	V 6	10. 7.0	0
		MAY 8	,	gt In (XxX) (our) opini	an death accurred on the da
		(1) (Me) (qiq) (q(q/u)(4) vi		in ()4)2 (con) opini	an addin accoured on the do
23A. SIGNATURE	-6	2 1 /	on the body direct dealing		23 B, DATE SIGNED
- Ola	one . Vo	Atten Phys.	ding Med.	Stoff .	5-8-90
23C. PHYSICIAM'S	1	DEGREE	Director Dir	Phys	9 0 /0
GEORGE S P	ATRICK, MD	2.0	ST AGNES HOSE	BALTI	MORE MD 21229.
4A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE 24C.	NAME of CEMETERY OF CREA			lown, or countyl (Stote)
Burial	5/11/70 G1	en Haven Mem			
SA. DATE REC'D BY HEALT	H DEPT. 25B. NAMI	OF REGISTRAR	25C. FUNERAL DIRECTOR	len Burnie	ADDRESS
MAY 1 3 1970	Robert E. ForB	Z, NO. 0 0 0	George Jo	Gonce 400	1 Ritchie Hgy
(\$ 160-BEV 1/1/60			181	imore, Md.	21.225

. owalt . Juga dering 7 x 11575

Cartestant College Company and the College Col

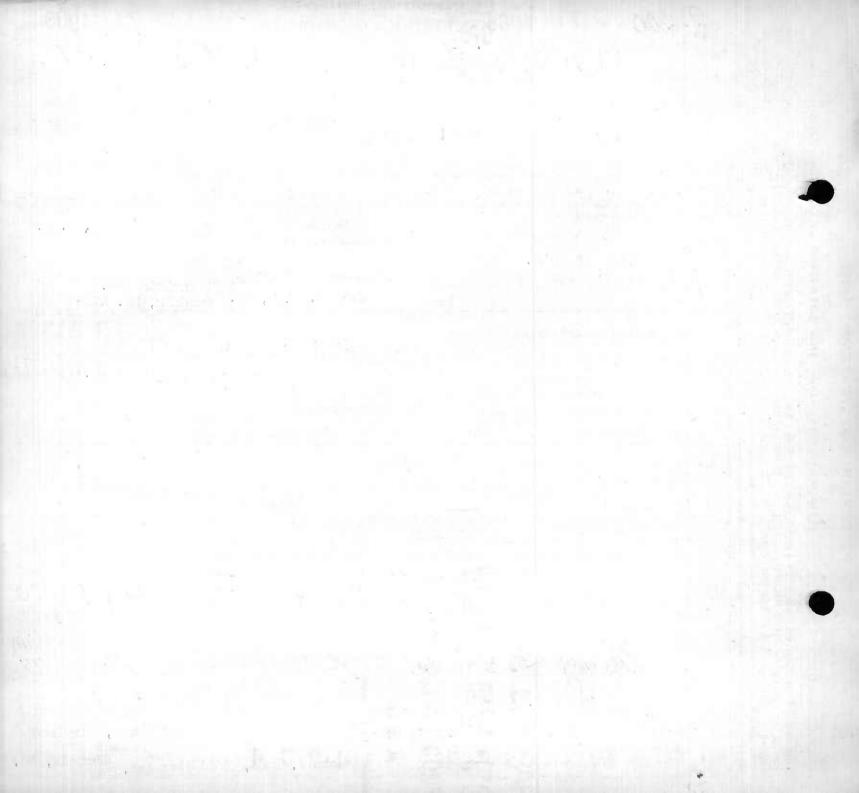
496/

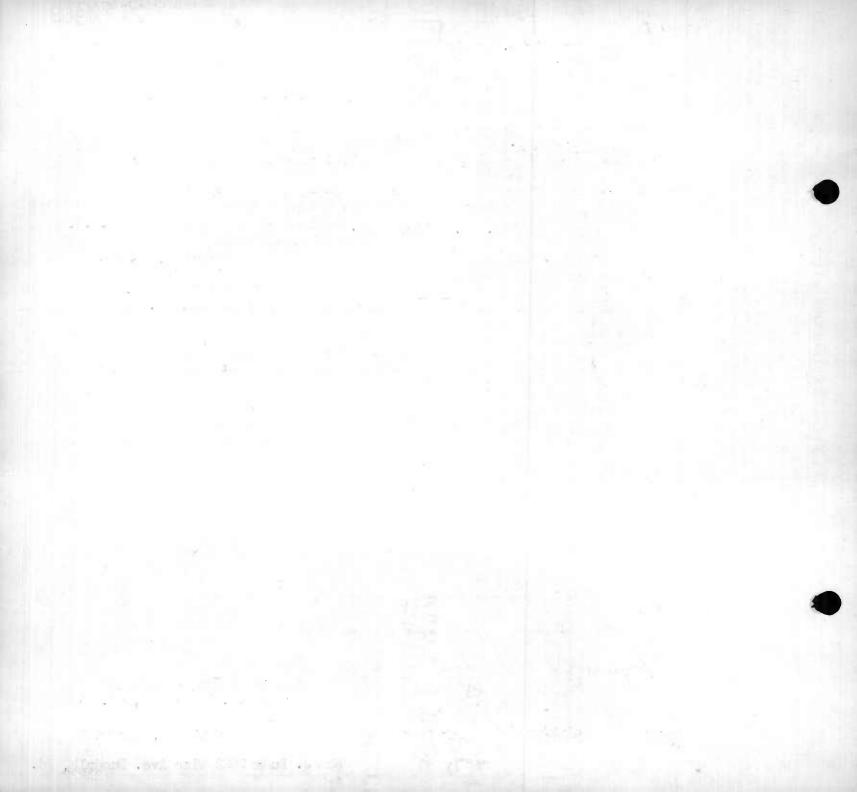
18-622	ME	DICAL		AMINER'S			DEAT	н	70	1000
BIRTH NO. 1. NAME OF DECEA (Type or Print) STAN	sen :	tanie	Tan	S Romon Trous	OF DATE	Known 🗆	Month	Day	Yeor	Hnur
4. PLACE IN BALTIM	ORE, MARYLAND,	WHERE PR	ONO	JNCED DEAD	DEATH 3. DATE	Estimoted	Month	Doy	Year	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INST			PRONC	DUNCED DEAD	5	10	1970	6:30 P.
0 1016 S.	. Clinton S	t.			5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admis A. STATE Md. B. COUNTY					efore odmission)
6. SEX 7.	RACE	B. MARRI	ED 🗌	NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE C	ITY LIMITS?	
Male	White	WIDOW		DIVORCED		Balto.		,	ES X	10 🗆
9. DATE OF BIRTH Jan. 20, 19	08 lost birthd	oy)	If Und Months	er 1 Yr. II Under 24 Hrs. Doys Hours Min.						
11. BIRTHPLACE (Stote		02	2 (1)	IZEN OF		l6 S. Clin	ton St	•		
Maryland	or loveign coomry)			HAT COUNTRY?	13. FATHER		zikowsł	-3		
14A.USUAL OCCUPAT	ION (Give kind of wor	1148. KIND		SINESS OR INDUSTRY	15. MOTH					
done during most of working Handyman	ing life, even if retired B e th			el Co.	- 7/	a Kaczmar				
16. WAS DECEASED I	EVER IN U.S. ARME	D FORCES?		7 600.41	10	and the second		e 17178	DDRESS A	
(Yes, no or unknown) (If y	res, give wor or dotes	or service)		213-09-3711	Mrs. M	M(Mister) ary Kmoch	Balt	more. I	id. 21	224
19. 4 / 5	41			CAUSE OF DEAT					APP	ROXIMATE INTERVAL
DISEASE O	R CONDITION DIR	CTLY	A	rteriosclero	otic ca	ardiovascu	lar di	sease	BEIME	EN ONSET AND DEAT
	DING TO DEATH			(A)IMMEDIATE C	AUSE					
heart foilure, ost	neon the mode of d henia, etc. It means th	ylng, e.g., e diseose,		DUE TO, OR A		QUENCE OF:				
injury or complic	otion which coused de	oth.)							2.10	
	CEDENT CAUSES			(B)						
RISE TO THE AB	ONDITIONS, IF AN	Y, GIVING		(B)DUE TO, OR	S A CONSE	QUENCE OF:		4		
L UNDERLYING	CONDITION LAST.			(C)						
O TO THE DEATH	ANT CONDITIONS C BUT NOT RELATED TO NOTION GIVEN IN F	THE TERMIN	NG							
20A. DATE OF OP			OR W	HICH OPERATION WA	S PERFORA	AED			21 AUTOR	SY? (Yes or No)
0 2	ASSESSED FOR				21.					
22A. EXTERNAL	CAUSE WAS	22	28. PL	ACE OF INJURY (e.g.,	n or obout 2	22C. WHERE DID	If In Boltimor	e City, give ex	act location)	es
UNDERLYING CAUSE		h	ome, fo	orm, foctory, street, office	bldg., etc.) 1	NJURY OCCUR?				
22D. TIME (Mon		r) (Hour)	22E.	INJURY OCCURRED	12	2F. HOW DID IN.	URY OCCU	R?		
(APPROX.)		п	MHI WO		WHILE T					
23.	that I held an	nguiry 🔲			opsy X	and that on th	le back	doeth In mu	1-1	
resulted				ident Suicide				ed manner		
	1		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3016161		CHIEF MEDICAL E			_	
ACTUAL	110	18	note.	2		STANT MEDICAL E			D	ATE SIGNED
SIGNATURE_ EXAMINER'S NAME (Type)		1 S. F	ish	er, M.D.		CIATE MEDICAL E			5-11	- 70
24A. BURIAL CREMATI	ON, 24B. DATE			NAME of CEMETERY	r CREMATO	ORY 24D. 1	OCATION	(City, town		(Stote)
REMOVAL (Specify) Burial	5/14/7		Sac	ered Heart o					, Maryl	
25A. DATE REC'D BY H	1970 Rober	BE. Ja	MEDO	RECHIRAR		UNERAL DIRECTO			DDRESS St. Bal	to. Md.
VS 151-REV. 1/1/68		17.1			4 4	5 5				



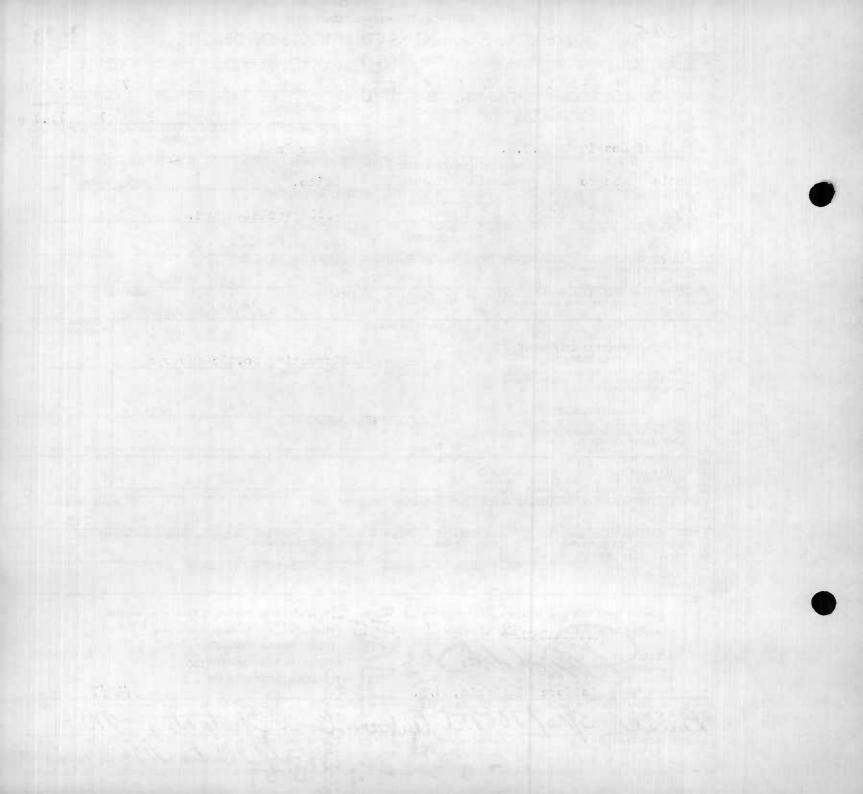
		1011	BALTIMORE CIT	HEALTH DEPARTMENT	/	100
	1-200	70 49		TE OF DEATH	REG. NO	70 4968
(Тур	pe or Print)	Bever BEVERL	LY RICH	MA	HOUR OF DEATH	10 1.37 A M.
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If ins	titution: residence before admission)	
HC	ULL NAME OF OSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 33THE JOHNS HOPKINS HOSPITAL		MARYLAND C. CITY OR TOWN DUNDALK	BALTIM D. INSIG	ORE 5300 DE CITY LIMITS? YES NO XX	
-			74 MAVISTA	AVENUE	21222	
5. \$	SEX 6. RA	CE 7. 1	AARRIED NEVER MARRIE		AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
_	EMALE V		DIVORCED DIVORCED	3-6-61	st birthdoy)	Months Doys Hours Min.
10A	USUAL OCCUPATION	DN (Give kind of work 10 B.	KIND OF BUSINESS OR INDUSTRY		n country)	12. CITIZEN OF WHAT COUNTRY?
	seduring most of working Studen			Maryland		U. S. A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
	JOH	N RICH SR.		MARY P	LECHTA	
15.	Was Deceased Ever i	in U. S. Armed Forces?	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT (Father		ADDRESS
	No	-, 3,	None	John P. Rich, St		Md. 21222
-	18. 0 0 64	01	CAUSE OF DEAT		Del local II	APPROXIMATE INTERVAL
	(This does not meen the made of dying, e.g., healt failure, asthenia, etc. It means the discose, injury at complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving (A) IMMEDIATE CAUSE APOUT FOR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF:					TIC & MOINTIHS
	tise to the above couse (A) stating the UNDERLYING CONDITION last, (C)					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
13	19A. DATE OF OPER	ATION 198. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	
RTIFIC	1,		The state of the s	400	W CEMM MIC CAL	INDINGS CONSIDERED USES OF DEATH?
CAL CERTIFIC	21A. ACCIDENT WAON CONTRIBUTING	CAUSE OF	218. PLACE OF INJURY (e.g., home, farm, foctory, street, etc.)	in or obout 21C. WHERE DID sffice bldg., INJURY DC CUR?		INDINGS CONSIDERED USES OF DEATH? City, give exoct lacotion)
CAL	OR CONTRIBUTING	CAUSE OF	home, farm, foctory, street,	21F. HOW DID INJU	(If in Boltimore	
CAL	OR CONTRIBUTING DEATH (notify medic 21D-TIME (Mon OF INJURY (APPROX.) 22. I certify that	CAUSE OF col exominer) (th) (Doy) (Year) (H	our) 21E. INJURY OCCURRED While At Not Work tended the deceosed from	21F. HOW DID INJU	(If in Boltimore	City, give exoct lacotion)
CAL	OR CONTRIBUTING DEATH (notify medic 21D.TIME OF INJURY (APPROX.) 22. I certify there tho (II) we) lost	CAUSE OF col examiner) (th) (Doy) (Year) (H (t) this has pital) at saw the deceased o	our) 21E. INJURY OCCURRED While At Not White At Work tended the deceosed from	21F. HOW DID INJU	(If in Boltimore	City, give exoct lacotion)
CAL	OR CONTRIBUTING DEATH (notify medic 21D.TIME OF INJURY (APPROX.) 22. I certify there tho (II) we) lost	CAUSE OF col examiner) (th) (Doy) (Year) (H (t) this has pital) at saw the deceased o	our) 21E. INJURY OCCURRED While At Not White At Work tended the deceosed from	21F. HOW DID INJU 19 19 20 and that view the body ofter death. Med. Director	(If in Boltimore	City, give exoct lacotion)
MEDICAL	OR CONTRIBUTING DEATH (notify medic 21D.TIME OF INJURY (APPROX.) 22. I certify that, tho (II) we) lost ond haur ond from 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	(I) this haspitol) of saw the deceased on the couses stated	home, farm, foctory, street, of etc.) Our) 21E. INJURY OCCURRED While At Not Work At Work tended the deceosed from the obave. (1) (We) teld (did not) OLSON GEGREE	21F. HOW DID INJU 19 O and that view the body ofter death. ending Med. ys. Med. pirector F. 23D. ADDRESS THE JOHNS H	(If in Boltimore RY OCCUR? 7 70. to	ion death occurred on the dote 23B. DATE SIGNED AM DAGGE, M70 SPITAL
WEDICAL	OR CONTRIBUTING DEATH (notify medic 21D.TIME OF INJURY (APPROX.) 22. I certify that, tho (II) we) lost ond haur ond from 23A. SIGNATURE 23C. PHYSICIAN'S	CAUSE OF col exominer) (th) (Doy) (Year) (He) (th) this haspital) of saw the deceased on the couses stated MARY I.	home, farm, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not Work tended the deceosed from	21F. HOW DID INJU 19 O and that view the body ofter death. 23D. ADDRESS THE JOHNS HEMATORY 24D. LO	(If in Boltimore RY OCCUR? To (our) opin Shaff hys. BOPKINS HO CATION (Cit	City, give exoct lacotion) 10 19 70 10 death occurred on the dote 238. DATE SIGNED 2AM 270

VS 150-REV. 1/1/6B



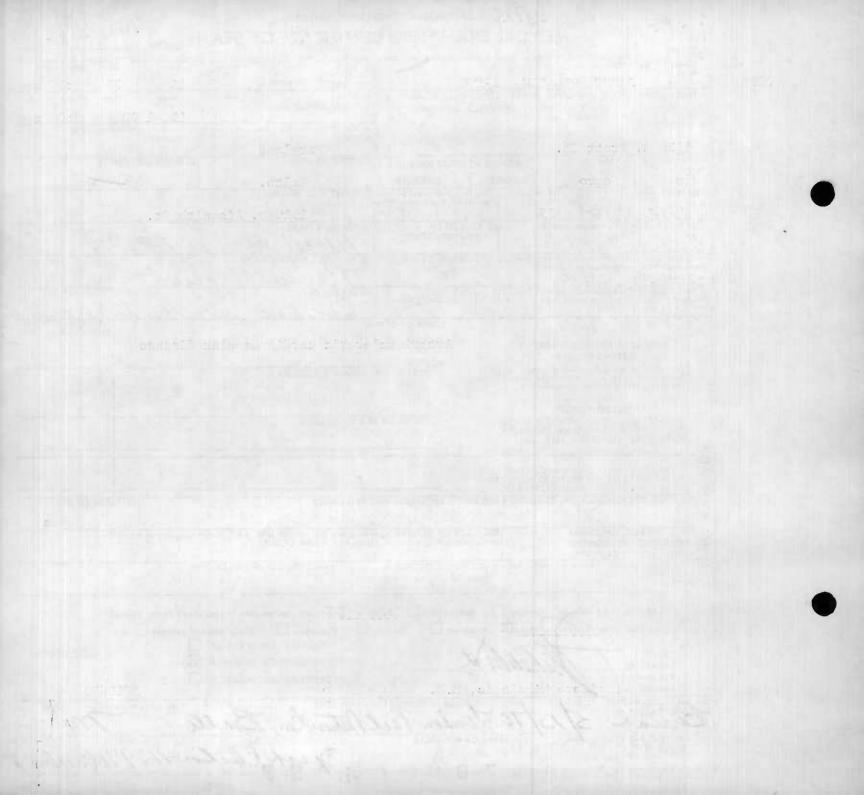


VS 151-REV. 1/1/68

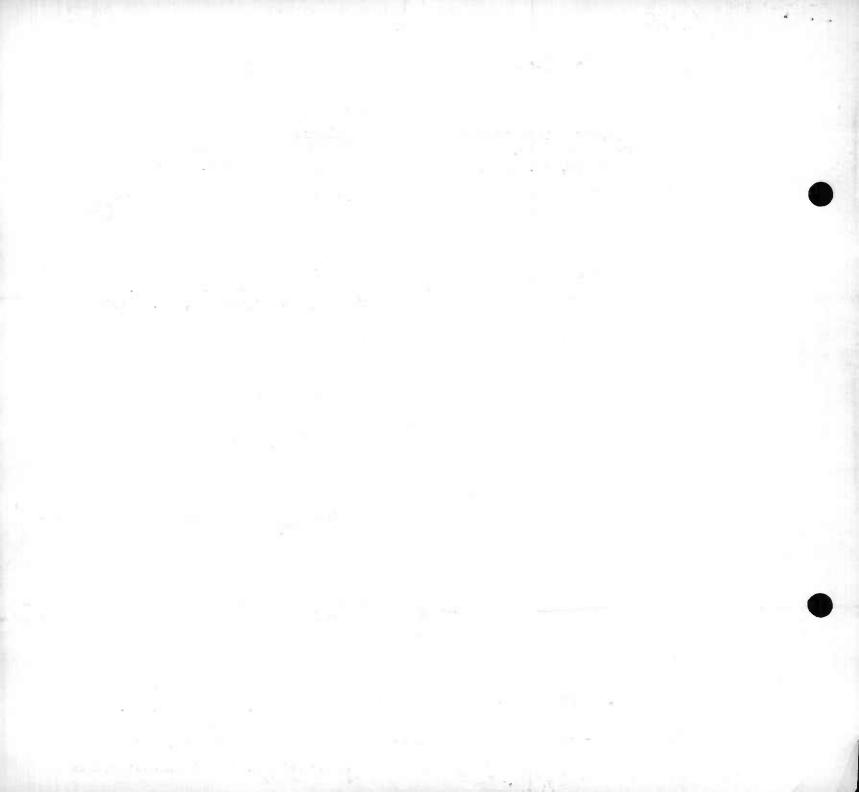


70 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE Known Day Month (Type or Print) OF JAMES WILLIAM Estimoted . BARTON 70 DEATH 9:00 ам. 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Day Year Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION 1970 9:00 a May 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE B. COUNTY 1136 E. Pratt St. Maryland 6. SEX 7. RACE C. CITY OR TOWN 8. MARRIED NEVER MARRIED D. INSIDE CITY LIMITS? Male Negro WIDOWED DIVORCED _ Balto. NO [YES L 10. AGE (In years lost birthday) 9. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Months 1 Days 1 Haurs 1 Min. E. STREET AND NUMBER 1510 N. Aisquith St. IT, BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? 14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if refired) inemployed I. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service) 17. SOCIAL 18. INFORMANT ADDRESS SECURITY NO. APPROXIMATE INTERVAL CAUSE OF DEATH Arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart follure, asthenia, etc. It means the disease, injury or complication which coused death.) DUE TO, OR AS A CONSEQUENCE OF: **ANTECEDENT CAUSES** (8) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c)_ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) yes 22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (If in Baltimare City, give exact location) home, farm, lactory, street, affice bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE | (APPROX.) AT WORK 23. Autopsy X X and that on this basis, death in my opinion I certify that Lheld on Inquiry Inspection resulted from: Notural causes XX Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER XX SIGNATURE M.D. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER NAME (Type) Isidore Mihalakis, M.D. 5/12/70 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) Keria 25A. DATE REC'D BY HEALTH DEPL 258: NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 151-REV. 1/1/68

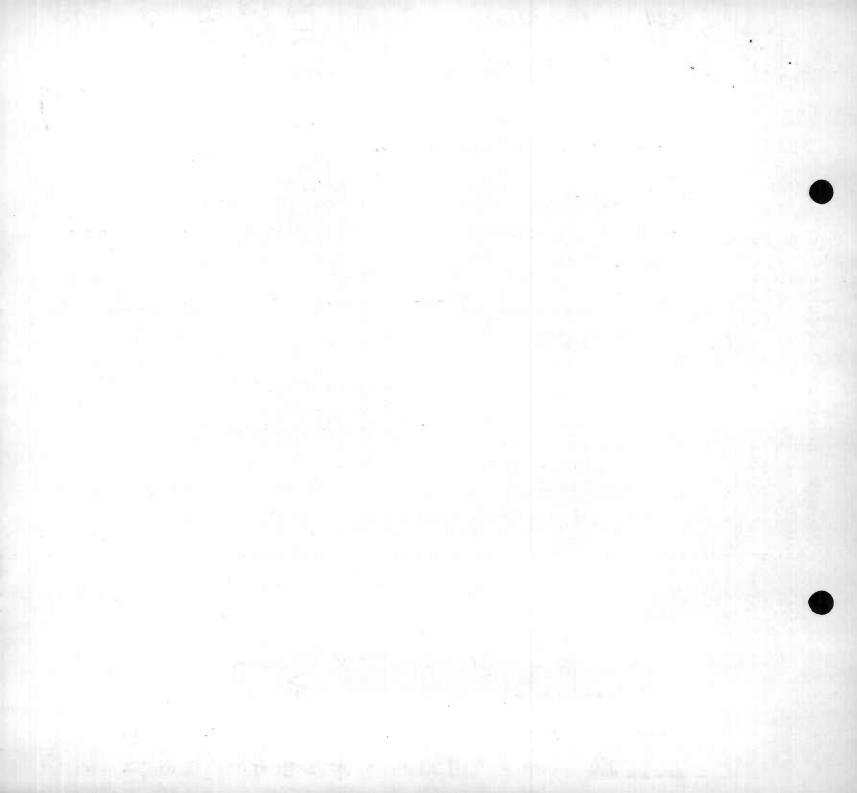
JAMES



5 BIRTH NO. 70 4972		TE OF DEATH	REG. NO	70 4972
1. NAME OF DECEASED (Type or Print) Paavola, Manie		2. DATE A	S-9-70	
FULL NAME OF HOSPITAL OR INSTITUTION FULL NAME OF HOSPITAL OR INSTITUTION FOR THE PROPERTY OF THE PROPERTY O	ON, GIVE STREET	Maryland c. City or town	MII	nstitution: residence before odmission
Baltimore City Hospit 4940 Eastern Av.e Baltimore, Md. 21224	als	Baltimore E. STREET AND NUMBER 1342 Broen	ing Hwy.	YES X NO 21224
	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
done during most of working life, even if refired)	JSINESS OR INDUSTRY	Finland		12. CITIZEN OF WHAT COUNTR
15. Was Decembed Ever in 11 S. Amad Farras 114	600	Miinna		
(Tes, no of unknown) (If yes, give wor or doles of service)	SECURITY NO.	BCH Records:	4940 Eastern Baltimore, M	id. 21224
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	CAUSE OF DEATH	te Renal F.	ailus	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
injury or complication which caused death.) ANTECEDENT CAUSES	Pseu (B)	clonoras Day a CONSEQUENCE OF:	poticemia	1 wh
DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION tast.	(c) Cor As	L GUID LWZY	Leuken	- 2 month
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			***************************************
	ACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes of N Yes	5-2	FINDINGS CONSIDERED USES OF DEATH? YES TO City, give exect location
DEATH (notify medical examines) etc.) O 21D-TIME (Month) (Doyl (Year) (Haus) 21E, INJ	JURY OCCURRED	21F. HOW DID IN.		
(APPROX.) While A Work 22. I certify that (this hospital) attended the d	leceased from	1 1 20 5	19 <u>70</u> to5	5 - 9 19 70
that (i) (we) last sow the deceased alive on and hour and from the causes stated above. (i) (#	6-9 (did) (did not) vi	19 70 ond the body ofter death.	nat in (my) (our) opi	nion death occurred on the date
W. Brockwan	DEGREE Phys.	ding Med. Director	Staff Phys.	23R DATE SIGNED 5-9-70
23C. Physician's NAME (Type) W. Brockman M.D.	DEGREE	1940 Eastern Av		spitals e , Md. 21224
Burial 5-II-70 Oak	Lawn Cemeter	у Ва	ltimore, Mary	
MAY 1 4 1970 Cabase 8, Jacks 7 MAY 1 4 1970 Cabase 8, Jacks 7 M		25C. FUNERAL DIRECTOR		adoress indalk Avenue



1/ 1	70	4973	BALTIMORE CITY	HEALTH DEPARTMENT		-10
1-524 BIRTH NO.	,0	4973	CERTIFICA	TE OF DEATH	REG. NO	70 4973
Type or Print)	Ruth Helena	Yingling	2		12, 1970	
3. PLACE IN BA	ALTIMORE, MARYLAND,			4. USUAL RESIDENCE (WI	nere deceased lived. If in	stitution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU	TION, GIVE STREET	Maryland c. CITY OR TOWN Baltimore		DE CITY LIMITS? YES T NO T
90 Hoo	d Nursing Hom	e 5313 E	dmondson Ave.	E. STREET AND NUMBER 5313 Edmond	ison Ave.	
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Female	Cau.	WIDOWED		5/28/1895	lost birthday)	Months Doys Hours Min.
		_		11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY
	of working life, even if retired)					
Reg. Nu		State I	Health Nurse	South William		U.S.A.
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN N	AME	
John	B. Yingling			Mary Ele	n Ammerman	
	ed Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknow	wn) (If yes, give wor or do	tes of service)	220-26-3773	Mrs. Emeline		owson 04 #4 outherly Rd. Apt
VOLLANDO THER SIGN TO THE DEAD TO THE DEAD DISEASE OR	OR CONDITIONS, if the abave cause (A) NG CONDITION last. II HIFICANT CONDITIONS CO ATH BUT NOT RELATED TO CONDITION GIVEN IN PA OF OPERATION 1998. CO WAS PE	ONTRIBUTING THE TERMINAL ART 1 (A).	(c) (C)	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
_ OR CONTRI	DENT WAS UNDERLYING BUTING CAUSE OF ify medical examiner)	21B. home	PLACE OF INJURY (e.g., i e, lorm, foctory, street, of	n or obout 21 C. WHERE DID	(If In Boltimor	e City, give exoct location)
21D. TIME	(Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	<u> </u>
OF INJURY			e At Not Whil	e 🗖 📴		
(AFFROX.)		Worl		7 1 1 1 1		27
that (I) (we and have a 23/A. SIGNAT 23/A. PHYSIC MAME	John Heal REMATION, 248, DATE (Specify)	ared abave. M	(We) (did) (did nat) v DEGREE Phy GEGREE ME of CEMETERY of CRI	Med. Director 230. ADDRESS 1311	Staff Phys. Francis Ave.	nian death accurred an the date 238. DATE SIGNED 5 / 2 / 70 /
Buria			Wood Cemetery			
2SA. DATE REC'	1/6B	E. Jah	F REGISTRAR	2sc. funeral direct		ADDRESS 21133 y Rd. Randallstown



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the IMPORTANT FUNERAL DIRECTOR:

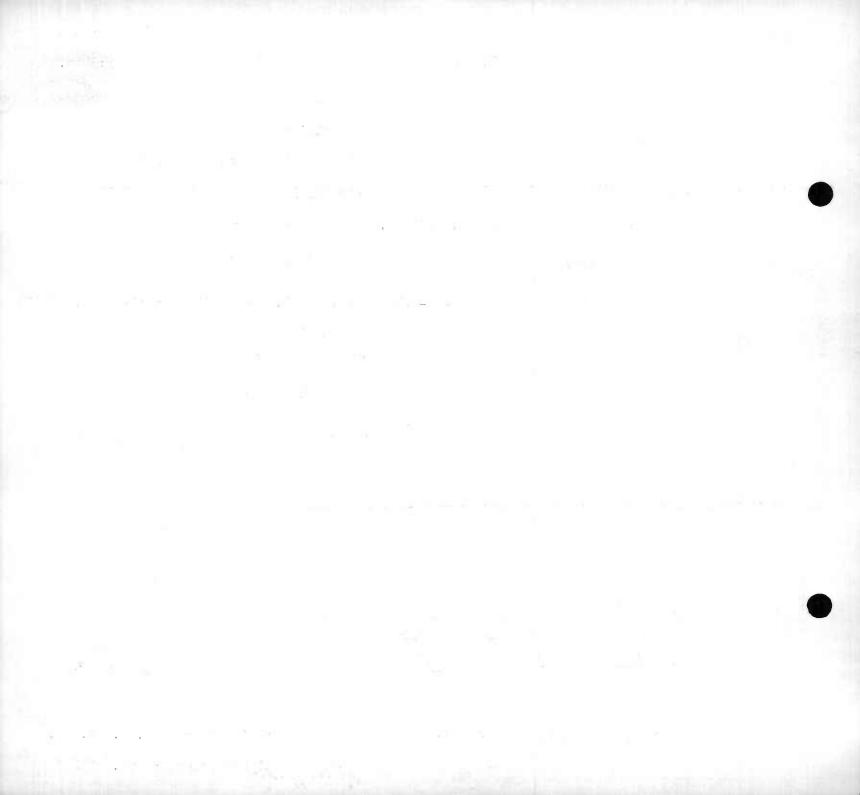
1 (121) M	70 40	BALTIMORE CITY	HEALTH DELYKIWEMI			
BIRTH NO.	10 49	74 CERTIFICA	TE OF DEATH	REG. NO.	691	
1. NAME OF DECEASED				ID HOUR OF DEATH	10 4	974
(Type or Print)	- 11na	20.1		D HOUR OF DEATH	and the same of th	0
3. PLACE IN BALTIMORE MARYLAN	ND WALLE SUCK	LRY OF A D	12 MAY	10		A
THE PARTY OF THE P	ND, WHERE PROP	HOUNCED DEAD	4. USUAL RESIDENCE (When	ie deceosed lived. If i	nstitution: residence befo	e odmiss
FULL NAME OF (IF NOT IN H	OSPITAL OR INS	TITUTION, GIVE STREET	mD	1	12	00
Mailing Mon			C. CITY OR TOWN	D ING	SIOE CITY LIMITS?	40
HARBOR VIEW NUR	RSING HO	ME	C: T.	D. 1143		
C			E. STREET AND NUMBER		YES NO	
40			1	\	1	5
5. SEX 6. RACE	17		139W./KAN	DAIIST	DAITO M	")
	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hour	Inder 24
M CAU	WIDOWE		11/21/1913	56	2075	17/11
IOA, USUAL OCCUPATION (Give kind o	of work 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei		12. CITIZEN OF WHA	T COUN
done during most of working life, even if ret		33				, con.
Manager		heatre	Balto. Md		USA	
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	WE		
HARRY FloyD			Lillian F	2 anylond		
5. Was Dechased Ever in II S Arma	ed Farces?	1 6. SOCIAL		- on label LA		
Yes, no or unknown) (If yes, give wor or	or dotes of service	SECURITY NO.	17. INFORMANT		ADDRESS	
No			Mrs. Evelyn Ma	rshall 139	W. Randall	St.
18.5 9 3, 21		CAUSE OF DEATH	1		APPROXIMA	TE INITEDIA
DISEASE OR CONDITION	N DIRECTIV			7 1	BETWEEN ONS	ET AND D
LEADING TO DE	ATH		Renal	Taller	2	
		(A) IMMEDIATE CAU	SE		1 '	
(This does not mean the mode	le of duing a					
(This does not meon the mode heart foilure, asthenia, etc. 11 m	le of dying, e.g reons the diseas	Le DUETO OF AC	CONSEQUENCE OF:		***************************************	
(This does not meon the mode heart failure, asthenia, etc. It m injury or camplication which co	neons the diseas	Le DUETO OF AC		***************************************	***************************************	*****
heart foilure, asthenia, etc. It m	neons the diseas oused deoth.)	Le DUETO OF AC				
heort foilure, asthenia, etc. It m injury or camplicotion which co ANTECEDENT CAL	neons the diseas oused deoth.) USES	DUE TO, OR AS	CONSEQUENCE OF:			
heort foilure, asthenia, etc. It m injury or camplicotion which co ANTECEDENT CAL DISEASES OR CONDITIONS, rise to the obove cause	neons the diseas oused deoth.) USES if ony, givin (A) stoling th	(B) DUE TO, OR AS				
heort foilure, asthenia, etc. It m injury or camplicotion which co ANTECEDENT CAL	neons the diseas oused deoth.) USES if ony, givin (A) stoling th	(B) DUE TO, OR AS	CONSEQUENCE OF:		***************************************	
heort foilure, asthenia, etc. It m injury or camplication which co ANTECEDENT CAL DISEASES OR CONDITIONS, rise to the obove cause	neons the diseas oused deoth.) USES if ony, givin (A) stoling th	(B) DUE TO, OR AS	CONSEQUENCE OF:			
heort foilure, asthenia, etc. It m injury or camplication which co ANTECEDENT CAL DISEASES OR CONDITIONS, rise to the obove cause UNDERLYING CONDITION lost	neons the diseas used deoth.) USES if ony, givin (A) stoling the	(B) DUE TO, OR AS of DUE TO, OR AS of CO	CONSEQUENCE OF:			
heort foilure, asthenia, etc. It m injury or camplication which co ANTECEDENT CAL DISEASES OR CONDITIONS, nise to the obove cause UNDERLYING CONDITION lost II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED	neons the diseas used deoth.) USES if ony, givin (A) stoling the state of the sta	(B) DUE TO, OR AS of DUE TO, OR AS of CO	CONSEQUENCE OF:			
heort foilure, asthenia, etc. It m injury or camplication which co ANTECEDENT CAL DISEASES OR CONDITIONS, nise to the obove cause UNDERLYING CONDITION lost UNDERLYING CONDITION IOST OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN 108	if ony, givin (A) stolling th S CONTRIBUTING TO THE TERMINAL N PART I (A)	(B) DUE TO, OR AS	A CONSEQUENCE OF:	700 15 472		
heort foilure, asthenia, etc. It m injury or camplicotion which co ANTECEDENT CAL DISEASES OR CONDITIONS, nise to the obove cause UNDERLYING CONDITION lost OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN 108	if ony, givin (A) stolling th S CONTRIBUTING TO THE TERMINAL N PART I (A)	(B) DUE TO, OR AS	CONSEQUENCE OF:	208. IF YES, WERE	FINDINGS CONSIDERED	
heort foilure, asthenia, etc. It m injury or camplication which co ANTECEDENT CALL DISEASES OR CONDITIONS, rise to the obove cause UNDERLYING CONDITION lost UNDERLYING CONDITION STO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 198.	if ony, givin (A) sloling th (B) CONTRIBUTING TO THE TERMINAL N PART 1 (A). CONDITION FOR	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) CO.	A CONSEQUENCE OF: A CONSEQUENCE OF: 20 A. AUTOPSY2 (Yes or No)	IN CERTIFYING CA	USES OF OEATH?	
DISEASES OR CONDITIONS, nise lo line obove cause UNDERLYING CONDITION lost 10 THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A DATE OF OPERATION 198.	if ony, givin (A) slotling th S CONTRIBUTING TO THE TERMINAL CONDITION FOR S PERFORMED NG 22	(B) DUE TO, OR AS	A CONSEQUENCE OF: 20A-AUTOPSY2 (Yes or No) or obout[2] C, WHERE DID	IN CERTIFYING CA	FINDINGS CONSIDEREE USES OF OEATH? C Cily, give exoct locollo	
heort foilure, asthenia, etc. It m injury or camplication which co ANTECEDENT CALL DISEASES OR CONDITIONS, nise to the obove cause UNDERLYING CONDITION lost II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. WAS 21A. ACCIDENT WAS UNDERLYING 19B. 21A. ACCIDENT WAS UNDERLYING 19B	if ony, givin (A) stoling the contribution for the terminal near 1 (A). CONDITION FOR SPERFORMED NG 21 REGISTER 1 (A). CONDITION FOR SPERFORMED	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) CO.	A CONSEQUENCE OF: 20A-AUTOPSY2 (Yes or No) or obout[2] C, WHERE DID	IN CERTIFYING CA	USES OF OEATH?	
heort foilure, asthenia, etc. It minjury or camplication which co ANTECEDENT CAL DISEASES OR CONDITIONS, nise to the above cause UNDERLYING CONDITION lost UNDERLYING CONDITION IOST OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 199A. DATE OF OPERATION 199B. WAS OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 199A. DATE OF OPERATION 199B. OTHER SIGNIFICANT CONDITION GIVEN IN 199A. DATE OF OPERATION 199B. OTHER SIGNIFICANT CONDITION GIVEN IN 199B.	if ony, givin (A) slotling th S CONTRIBUTING TO THE TERMINAL CONDITION FOR S PERFORMED NG 21 h h et	(B) DUE TO, OR AS AS DUE TO, OR AS AS DUE TO, OR AS DUE TO	A CONSEQUENCE OF: 20A-AUTOPSY2 (Yes or No) 01 0 bout 21 C, WHERE DID 10 bidg., INJURY OCCUR?	IN CERTIFYING CA	USES OF OEATH?	
heart foilure, asihenia, etc. It minjury or camplication which co ANTECEDENT CAL DISEASES OR CONDITIONS, rise to the obove cause UNDERLYING CONDITION lost UNDERLYING CONDITION IOST OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 198. WAS 11A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominet) 121D.TIME (Month) (Doy) (YOF INJURY)	if ony, givin (A) sloling th is. S CONTRIBUTING TO THE TERMINAL CONDITION FOR S PERFORMED NG F H Year) (Hour) 21	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) WHICH OPERATION (B. PLACE OF INJURY (e.g., in ome, form, foctory, street, off c.) E. INJURY OCCURRED	Or obout 21C. WHERE DID INJURY OCCUR?	IN CERTIFYING CA	USES OF OEATH?	
heoft foilure, asihenia, etc. It minjury or camplicotion which co ANTECEDENT CAL DISEASES OR CONDITIONS, nise to the obove cause UNDERLYING CONDITION lost OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. WAS 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examine)	if ony, givin (A) stoling th S CONTRIBUTING TO THE TERMINAN PART 1 (A). CONDITION FOR PERFORMED NG 21 h cet	(B) DUE TO, OR AS AS DUE TO, OR AS AS DUE TO, OR AS DUE TO	Or obout 21C. WHERE DID INJURY OCCUR?	IN CERTIFYING CA	USES OF OEATH?	
heart foilure, asihenia, etc. It miniury or camplicotion which co ANTECEDENT CALL DISEASES OR CONDITIONS, nise to the obove cause UNDERLYING CONDITION lost OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 119B. WAS 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Doy) (YOF INJURY (APPROX.)	if ony, givin (A) stoling th S CONTRIBUTING TO THE TERMINAL N PART 1 (A). CONDITION FOR PERFORMED NG 21 F he et Year) (Hour) 21 W	(B) DUE TO, OR AS (B) DUE TO,	OF OBOUT 21 C. WHERE DID OCCUR?	(II In Boltimor	USES OF OEATH?	n)
heart foilure, asthenia, etc. It miniury or camplication which co ANTECEDENT CALL DISEASES OR CONDITIONS, nise to the above cause UNDERLYING CONDITION lost UNDERLYING CONDITION IOST OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. WAS 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Doy) (YOF CONTROLLY IN CAPPROX.)	if ony, givin (A) sloling th is. S CONTRIBUTING TO THE TERMINAL CONDITION FOR S PERFORMED NG 21 F hat year) (Hour) 21 W W	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) WHICH OPERATION IB. PLACE OF INJURY (e.g., in me, form, foctory, street, off c.) E. INJURY OCCURRED //hile A1	OF ODDUIT 21 C. WHERE DID OF INJURY OCCUR?	IN CERTIFYING CA (II In Boltimor	USES OF OEATH? C City, give exoct locotio	n)
DISEASES OR CONDITIONS, rise to the obove cause UNDERLYING CONDITION lost UNDERLYING CONDITION STOTHER SIGNIFICANT CONDITION STOTHE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. WAS OF INJURY (APPROX.) 22. I certify that (1) (this hosp that (1) (we) lost saw the december of the condition of th	if ony, givin (A) sloling th (A) sloling th (B) CONTRIBUTING (CONTRIBUTING (CONDITION FOR (CONDI	(B) DUE TO, OR AS (B) DUE TO,	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	IN CERTIFYING CA (II In Boltimor	USES OF OEATH?	n)
DISEASES OR CONDITIONS, rise to the obove cause UNDERLYING CONDITION lost UNDERLYING CONDITION STOTHER SIGNIFICANT CONDITION STOTHE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. WAS OF INJURY (APPROX.) 22. I certify that (1) (this hosp that (1) (we) lost saw the december of the condition of th	if ony, givin (A) sloling th (A) sloling th (B) CONTRIBUTING (CONTRIBUTING (CONDITION FOR (CONDI	(B) DUE TO, OR AS (B) DUE TO,	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	IN CERTIFYING CA (II In Boltimor	USES OF OEATH? C City, give exoct locotio	n)
heart foilure, asthenia, etc. It miniury or camplication which co ANTECEDENT CALL DISEASES OR CONDITIONS, nise to the above cause UNDERLYING CONDITION lost UNDERLYING CONDITION IOST OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. WAS 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Doy) (YOF CONTROLLY IN CAPPROX.)	if ony, givin (A) sloling th (A) sloling th (B) CONTRIBUTING (CONTRIBUTING (CONDITION FOR (CONDI	(B) DUE TO, OR AS (B) DUE TO,	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	IN CERTIFYING CA (II In Boltimor	USES OF OEATH? The City, give exoct location The City, give exoct location The City of	n)
DISEASES OR CONDITIONS, rise to the obove cause UNDERLYING CONDITION lost UNDERLYING CONDITION GIVEN IN 19A DATE OF OPERATION 198. 21A ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medical examines) Contribution (Approx.) 21D TIME (Month) (Doy) (YOF INJURY (APPROX.) 22. I certify that the (this hosp that the out ond hour and from the causes)	if ony, givin (A) sloling th (A) sloling th (B) CONTRIBUTING (CONTRIBUTING (CONDITION FOR (CONDI	(B) DUE TO, OR AS (C) DUE TO,	a CONSEQUENCE OF: 20A-AUTOPSY2 (Yes or No) or obout 21C, WHERE DID ice bidg., INJURY OCCUR? 21F. HOW DID INJU	IN CERTIFING CA (II In Boltimor URY OCCUR? To to tin(my) (our) opli	USES OF OEATH? C City, give exoct locollo The control of the con	.19an the d
heort foilure, asthenia, etc. It minjury or camplication which co ANTECEDENT CALL DISEASES OR CONDITIONS, rise to the obove cause UNDERLYING CONDITION lost UNDERLYING CONDITION IOST OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. WAS 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Doy) (YOF INJURY (APPROX.) 22. I certify that (1) (this hosp that (1) (we) lost saw the decound hour and from the causes 23A. SIGNATURE	if ony, givin (A) sloling th (A) sloling th (B) CONTRIBUTING (CONTRIBUTING (CONDITION FOR (CONDI	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) (C) (C) (B. PLACE OF INJURY (e.g., in me, form, foctory, street, off c.) E. INJURY OCCURRED (A) (M) (M) (M) (M) (M) (M) (M) (M) (M) (M	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR? 21F. HOW DID INJURY 19 Ond tho ew the body after death.	IN CERTIFYING CA (II In Boltimor	USES OF OEATH? C City, give exoct locollo The control of the con	n)
heart foilure, asihenia, elc. II minjury or camplication which co ANTECEDENT CAL DISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION lost UNDERLYING CONDITION IOSI OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 198. WAS 21D. TIME (Month) (Doy) (Y 12D. TIME (M	if ony, givin (A) sloling th (A) sloling th (B) CONTRIBUTING (CONTRIBUTING (CONDITION FOR (CONDI	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) (C) (C) (B. PLACE OF INJURY (e.g., in me, form, foctory, street, off c.) E. INJURY OCCURRED (A) (M) (M) (M) (M) (M) (M) (M) (M) (M) (M	OCONSEQUENCE OF: 20A. AUTOPSY? (Yes or No) or obout 21C, WHERE DID ice bidg., INJURY OCCUR? 21F. HOW DID INJU 21F. HOW DID INJU 19 70 ond tho ew the body after death.	IN CERTIFING CA (II In Boltimor URY OCCUR? To	USES OF OEATH? C City, give exoct locollo The control of the con	.19an the c
heart foilure, asthenia, etc. It miniury or camplication which co ANTECEDENT CAL DISEASES OR CONDITIONS, nise to the above cause UNDERLYING CONDITION lost UNDERLYING CONDITION IOST OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. WAS 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Doy) (YOUTH OF INJURY (APPROX.) 22. I certify that (1) (this hosp that (1) (we) lost saw the decond hour and from the causes 23A. SIGNATURE	if ony, givin (A) sloling th (A) sloling th (B) CONTRIBUTING (CONTRIBUTING (CONDITION FOR (CONDI	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) (C) (C) (B. PLACE OF INJURY (e.g., in me, form, foctory, street, off c.) E. INJURY OCCURRED (A) (M) (M) (M) (M) (M) (M) (M) (M) (M) (M	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR? 21F. HOW DID INJURY 19 Ond tho ew the body after death.	IN CERTIFING CA (II In Boltimor URY OCCUR? To	USES OF OEATH? C City, give exoct locollo The control of the con	.19an the c
heort foilure, asthenia, etc. It minjury or camplicotion which co ANTECEDENT CAL DISEASES OR CONDITIONS, rise to the obove cause UNDERLYING CONDITION lost UNDERLYING CONDITION IOST OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 198. WAS 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical exomined) 21D. TIME (Month) (Doy) (YOF INJURY (APPROX.) 22. I certify that (The think hosp that (I) (we) lost saw the decound hour and from the causes 23A. SIGNATURE	if ony, givin (A) sloling the state of the terminal of the ter	(B) DUE TO, OR AS (B) DUE TO,	CONSEQUENCE OF: 20A-AUTOPSY2 (Yes or No) or obout 21C, WHERE DID ce bidg., INJURY OCCUR? 21F. HOW DID INJU 19 70 ond tho ew the body after death. ding Med. Did SD. ADDRESS	IN CERTIFING CA (II In Boltimor URY OCCUR? 9 10 to of In(my) (our) oplications Shaff	USES OF OEATH? The City, give exoct locotion The City of the City o	.19an the d
NO DISEASES OR CONDITIONS, rise to the obove cause UNDERLYING CONDITION lost UNDERLYING CONDITION OS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 19B. WAS 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examine) CAUSE OF DEATH (notify me	if ony, givin (A) sloling the slower sloling the sloli	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) DUE TO, OR AS (E) WHICH OPERATION (B) PLACE OF INJURY (e.g., in the control of the	OCONSEQUENCE OF: 20A-AUTOPSY2 (Yes or No)	IN CERTIFING CA (II In Boltimor URY OCCUR? 9 10 to t In(my) (our) opli Shaff	USES OF OEATH? The City, give exoct location The City of County is a second of the City of County in the City of County is a second of the City of City	.19an the d
heort foilure, asthenia, etc. It minjury or camplication which co ANTECEDENT CALL DISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION lost UNDERLYING CONDITION STO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 198. WAS 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examine) CAUSE OF INJURY (APPROX.) 22. I certify that (1) (this has that the couses ond hour and from the causes 23A. SIGNATURE	if ony, givin (A) sloling the (A) sloling the (A) sloling the (A) sloling the (B) CONTRIBUTING (B) TO THE TERMINAIN (CONDITION FOR (CONDITION	(B) DUE TO, OR AS (B) DUE TO,	CONSEQUENCE OF: 20A-AUTOPSY2 (Yes or No) or obout 21C, WHERE DID ce bidg., INJURY OCCUR? 21F. HOW DID INJU 19 70 ond tho ew the body after death. ding Med. Did SD. ADDRESS	IN CERTIFING CA (II In Boltimor URY OCCUR? 9 10 to of In(my) (our) oplications Shaff	USES OF OEATH? The City, give exoct location The City of County is a second of the City of County in the City of County is a second of the City of City	.19an the d
heort foilure, asthenia, etc. It minjury or camplication which co ANTECEDENT CALL DISEASES OR CONDITIONS, rise to the obove cause UNDERLYING CONDITION lost UNDERLYING CONDITION IS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 198. WAS 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Day) (YOU CAN THE CAUSE OF DEATH (notify medical examine) 22. I certify that (Month) (Day) (YOU CAN THE CAUSE OF DEATH (notify medical examine) 23C. PHYSICIAN'S NAME (Type)	if ony, givin (A) sloting the disease of the diseas	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) (C) (C) (E) WHICH OPERATION (B. PLACE OF INJURY (e.g., in me, form, foctory, street, offic.) (D) (E) (M) (M) (M) (M) (M) (M) (M) (M) (M) (M	A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No) 0	IN CERTIFING CA (II In Boltimor URY OCCUR? 9 10 to t In(my) (our) opli Shaff	USES OF OEATH? The City, give exact location The City of the	.19an the d
heort foilure, asthenia, etc. It minjury or camplication which co ANTECEDENT CALL DISEASES OR CONDITIONS, rise to the obove cause UNDERLYING CONDITION lost UNDERLYING CONDITION IN THE LATED DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 198. WAS 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical exomine) 21D. TIME (Month) (Doy) (YOU (APPROX.) 22. I certify that (1) (this has that the course ond hour and from the causes 123A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 4A. BURIAL CREMATION, 1248. DATI REMOVAL (Specify) BUTIAL 5A. DATE REC'D BY HEAETH DEPT,	if ony, givin (A) sloting the disease of the diseas	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) WHICH OPERATION IB. PLACE OF INJURY (e.g., in one, form, foctory, street, offic.) E. INJURY OCCURRED (hile At No! While At Work the deceosed from At Work the deceosed from Phys. NAME of CEMETERY of CREF Loudon Park OF REGISTRAR	OCONSEQUENCE OF: 20A. AUTOPSY2 (Yes or No) or obout 21C. WHERE DID ce bidg., INJURY OCCUR? 21F. HOW DID INJU 22F. HOW DID INJU	IN CERTIFING CA (II In Boltimor URY OCCUR? 9 10 to t In(my) (our) opli Shaff	USES OF OEATH? The City, give exoct location The City of County is a second of the City of County in the City of County is a second of the City of City	.19an the d



IMPORTANT

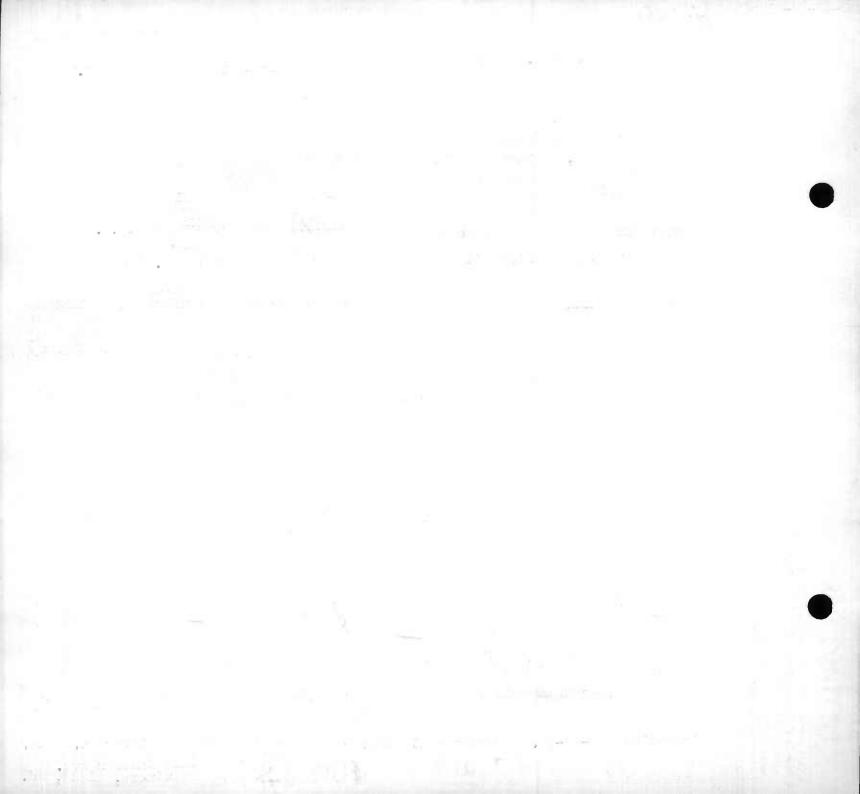
FUNERAL DIRECTOR:

5-53	2 70 4	lone		HEALTH DEPARTMENT	REG. NO	70 4075
BIRTH NO.		1970	CERTIFICA	TE OF DEATH		30/0
(Type or Print)	(FELIX SANDS)	Felix	Lawrence San	ds $\begin{vmatrix} 2.5 & 1.5 \\ 5/13 \end{vmatrix}$	70 HOUR OF DEATH	1:30 a.
3. PLACE IN B.	ALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Who	ere deceosed lived. If in: NTY	stitution: residence before admission
FULL NAME O	F IIF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland		2505
NOTITUTION				C. CITY OR TOWN Baktimore	D. INSI	DE CITY LIMITS?
MERCY	HOSPITAL			E. STREET AND NUMBER		YES NO
F 6 PM				1300 Pontiac		225
S. SEX Male	White	WIDOWED		July 25, 1891	9. AGE (In years last birthdoy) 78	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
done during most	CUPATION (Give kind of world o	1	o Transit Co.	Baltimore, M		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S N	rence Sands			14. MOTHER'S MAIDEN NA Mary	?	
5. Wes Decease Yes, no or unknow	od Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	L M M		2k5-32-6419	Mrs. Ida H. S	ands 1300 P	ontiac Ave. 21225
OTHER SIGN TO THE DEL	ASE OR CONDITION DIL LEADING TO DEATH not meen the made of a asthenia, etc. It means publication which caused ANTECEDENT CAUSES OR CONDITIONS, it he above cause (A) IG CONDITION lost. II IFICANT CONDITION SCOON ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR OF OPERATION 1995. CON WAS PERI ENT WAS UNDERLYING ENT WAS UNDERLYING SUTING CAUSE OF fy medical examines)	dying, e.g., the disease, deoth.) any, giving sloling the Stoling	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) CO VHICH OPERATION PLACE OF INJURY (e.g., Ire, form, foctory, street, off injury occurred in the control of the	20A. AUTOPSY? IYes or Not not obout 21C. WHERE DID ince bidg., 21F. HOW DID INJ	Candrai Arr. Ca	east has-day. YEARS
	y that # (this haspital	1101	AT WORK			
	y more (mis naspital		5-13		19to	ulan death assumed as the date
	Α .			iew the bady after death.	in the formation of the	alan death accurred on the dote
23A, SIGNAT		n				23B, DATE SIGNED
200 811941	my W. C	has	DEGREE Phys.		Stoff Phys.	5-13-70
23C. PHYSIC	Typel		2	3D. ADDRESS		
24A, BURIAL CE	EMATION, 248. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 1240 1	OCATION ICIN	y, town, or countyl (Stote)
Buri a	(Specify)		oly Cross	400		A. A. Co. Md.
	D BY HEALTH DEPT.	25B, NAME O	F REGISTRAR	25C SUNISBAL DISCOO		400000
/S 150-REV. 1/1						



FUNERAL DIRECTOR:

1/					
H-520	10 40	W 6	TY HEALTH DEPARTMENT	REG. NO	70 4070
BIRTH NO.	70 49	6 CERTIFIC	ATE OF DEATH	REG. NO	10 4976
NAME OF DECEASED			2. DATE AN	ID HOUR OF DEATH	
Type or Print)	JANE R. I	HINCKS	5_11	-1970	1 11 20 0
3. PLACE IN BALTIMORE, M	ARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	e deceased lived. If in	nstitution: residence before admission)
FILL NAME OF UE M	OR LATINGOUS MILES	INCOME ON COME ASSESSED		111	11 112
		INSTITUTION, GIVE STREET	Virginia c. CITY OR TOWN	0 1016	SIDE CITY LIMITS?
Baltim	ore City Ho	spitals	Hot Springs	D. 1143	YES NO M
4940 E	astern Aver	nue	E. STREET AND NUMBER		TES NO L
Baltim	ore, Marylar	nd 21224	Box 517	24445.	
SEX 6. RACE	7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr II Under 24 Hrs.
Female Whi	+0	OWED DIVORCED	3-30-1939	lost birthdoy) 31	Months Doys Hours Min.
OA. USUAL OCCUPATION (G		ND OF BUSINESS OR INDUST			12. CITIZEN OF WHAT COUNTRY?
one during most of working life,			VYYYYYY	w Jersey	
House Work		At Home	WARANTINES AND	ii octbol	U.S.A.
3. FATHER'S NAME	bert. Rhi	nesmith	14. MOTHER'S MAIDEN NA		
riet	per c mir	HORMIT OIL		Greta I	B. Hess
5. Was Deceased Ever in U. (es,no or unknown) (If yes, giv	S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	wor or doles of se	SECURITY NO.	Records: BCH-49	40 Eastern	Avenue 21224
118.		CAUSE OF DEA			
~ 00,7			A /		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	NDITION DIRECTLY		for ha bla	6 2 16	11/2/16
(This does not mean t	he mode of dving	(A) IMMEDIATE C.		JOGUN,	7200
heart lailure, asthenia,	elc. It means the di	sease,	SA CONSEQUENCE OF:	lacoling	
injury or complication w		0	1 2	1 4	45
	NT CAUSES	(8) 00	nyelocylic	Leukem	ia / Lux.
rise to the obove	ITIONS, if any,	giving DUE TO, OR A	S A/CONSEQUENCE OF:		
UNDERLYING CONDIT	ON last.	(c)			
	11	(7)			
OTHER SIGNIFICANT CON	IDITIONS CONTRIBU	TING			
TO THE DEATH BUT NOT	RELATED TO THE TERM	IINAL	***************************************		
OTHER SIGNIFICANT CON TO THE DEATH BUT NOT DISEASE OR CONDITION 19A-DATE OF OPERATION	N 19B. CONDITION	FOR WHICH OPERATION	20A. AUJOPSY? (Yes or No.		FINDINGS CONSIDERED
2	WAS PERFORMED		Yes	IN CERTIFYING CA	USES OF DEATH? YES
21A. ACCIDENT WAS UP	NDERLYING	21B. PLACE OF INJURY (e.g.	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If In Boltimor	re City, give exoct location)
DEATH (notify medical ex	ominer)	etc.)	office bldg., INJURY OCCUR?		
	(Doy) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID INJ	lay o sculps	
OF HEADER	,	While At Not Wi		oki occor:	
(APPROX.)		Work L At Wor			
22. I certify that 4 (t	his hospital) atten	ided the deceased from	9/9/	9 70 to	5/1/ 19/0
that (1) (last sow			/	-	nian death accurred on the date
and hour and from the	couses stated abo	wa # (Wa) (d) d) (d)	view the bady after death.	in (my) (out) opin	man death decorred an fine date
23A. SIGNATURE	7	1 - (ne) (ala) (- 10)	view the bady after death.		23B. DATE SIGNED
Call	15 mill	16 . MO A	tending Med.	Shaff A	236 DATE SIGNED
TIC MYSICIANI	- July	COLON DEGREE PH	ys. Director L	Phys. D	5/11/10
TIC. PHYSICIAN'S NAME (Type)	el Engelste	in	23D. ADDRESS		6 11 111
00	37.7		Ballina	e (1	4 HOSPATAN
A. BURIAL CREMATION, 2 REMOVAL (Specify)	4B. DATE	AC. NAME OF CEMETERY OF C		CATION (Ci	Ty, town, or county) (Stote)
	5-12-70	Concomment of	Cons		
A. DATE REC'D BY HEALTH	5-12-70.	Greenmount Ce		enmount and	Oliver St. Balto.,
MAY 1 A TOTAL	7 7 7 10 10 10 10	Be 820 0	25C. FUNERAL DIRPCTOR	6224	Eastern Ave.
mm 7 7 1910	Secretary - Ac	many many	MACHED &	uler Balt	timore, 21224, Md.
\$ 150-REV. 1/1/68					



IC	7	70	4977	BALTIMORE CITY HI	EALTH DEPARTMENT	
6	5-162		MEDICA	L EXAMINER'S	CERTIFICATE OF DEAT	H 70 4077
1	RTH NO.					REG. NO.
(Ty	NAME OF DECE		74.72.72 GT		2. DATE Known Month	Day Year Hour
-	DIACE IN BALTIA			ARKS PRONOUNCED DEAD	DEATH Estimoted LJ 5	11 70 10:30 a.
FU	LL NAME OF	(IF NOT IN	HOSPITAL OR IN	STITUTION, GIVE STREET	3. DATE Month PRONOUNCED DEAD	Day Yeor Haur
OF	SPITAL INSTITUTION	ADDRESS (OR LOCATION)		May 5. USUAL RESIDENCE (Where deceased II	ved. If institution: residence before odmission)
1	South Ba	1timore	General	. Hospital	A. STATE Maryland	B. COUNTY
6.		. RACE		RIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
N	Male W	Thite		WED DIVORCED	Balto.	YES NO E
9.	4/17/02		AGE (In years st birthday)	If Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.		
11.	BIRTHPLACE (Stor	e or lareign co	ountry)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Charles Sparks	
i 44 don	Supervise	king life, even i			Y 15. MOTHER'S MAIDEN NAME Mary Wunder	
16.	WAS DECEASED	EVER IN U.S. yes, give war	. ARMED FORCE or dotes of service	17. SOCIAL SECURITY NO.	Mary E Sparks 4102 R	ADDRESS itchie Hgw
-	19. 412	2) 4		CAUSE OF DEA		APPROXIMATE INTERVAL
		OR CONDITIO	N DIRECTLY			BETWEEN ONSET AND DEATH
	LE	ADING TO DE	EATH	(A)IMMEDIATE	AUSE Hypertensive card:	lovascular disease
	heart failure, os	thenla, etc. It m	de of dying, e.g., neons the disease,	200000000000000000000000000000000000000	AS A CONSEQUENCE OF:	
Н	injury or compli	cation which co	jused deoth.)			
		ECEDENT CAL		(B)		
	RISE TO THE A UNDERLYING	BOVE CAUSE	S, IF ANY, GIVING	E DUE 10, OK	AS A CONSEQUENCE OF:	
20	UNDEXTING	CONDITION	LASI.	(c)		
CERTIFICATION	TO THE DEATH	BUT NOT REL	TIONS CONTRIBU ATED TO THE TERM 'EN IN PART 1 (A)	MINAL		
RTI						
1 22	TOWN DAIL OF				AS PERFORMED	121 AUTOPSV2 (Yes or No.)
O	O			FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
¥	22A. EXTERNA	PERATION 20	OB. CONDITION	FOR WHICH OPERATION W.	In or obout 22C. WHERE DID At to Boltimo	NO:
¥	22A. EXTERNA UNDERLYING	L CAUSE WAS	OB. CONDITION	FOR WHICH OPERATION W.	In or obout 22C, WHERE DID (II in Bolilmo	NO:
MEDICAL C	22A. EXTERNA UNDERLYING UTING CAUS 22D. TIME (Me	L CAUSE WAS	OB. CONDITION	228. PLACE OF INJURY (e.g., home, form, factory, street, officer) 22E.INJURY OCCURRED	In or obout 22C. WHERE DID At to Boltimo	NO' NO' NO'
MEDICAL	22A. EXTERNA UNDERLYING UTING CAUS 22D. TIME (Mo OF INJURY (APPROX.)	L CAUSE WAS JOR CONTRIB E OF DEATH.	OB. CONDITION	228. PLACE OF INJURY (e.g., home, form, foctory, street, offic vir) 22E.INJURY OCCURED WHILE AT NOT	In or obout 22C, WHERE DID (It in Bolitmo bldg, etc.) INJURY OCCUR?	NO' NO' NO'
MEDICAL	22A. EXTERNA UNDERLYING UTING CAUS 22D. TIME (Mc OF INJURY (APPROX.)	L CAUSE WAS OR CONTRIB E OF DEATH.	OB. CONDITION S L (Year) (Hou	FOR WHICH OPERATION W. 228. PLACE OF INJURY (e.g., home, form, foctory, street, offic 22E.INJURY OCCURRED WHILE AT WORK NOT AT W	in or obout 22C, WHERE DID (il in Balilmo bldg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCU	NO: NO: NO: NO: NO:
MEDICAL	22A. EXTERNA UNDERLYING UTING CAUS 22D. TIME (Mc OF INJURY (APPROX.) 23.	L CAUSE WAS OR CONTRIB E OF DEATH. Onth) (Doy)	OB. CONDITION S L (Year) (Hou	228. PLACE OF INJURY (e.g., home, form, foctory, street, office 22E. INJURY OCCURED WHILE AT NOT WORK AT W	in or obout 22C. WHERE DID (II in Balilmo bldg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCU	NO: The City, give exact location) UR? death in my opinion
MEDICAL	22A. EXTERNA UNDERLYING UTING CAUS 22D. TIME (Mc OF INJURY (APPROX.) 23.	L CAUSE WAS OR CONTRIB E OF DEATH. Onth) (Doy)	OB. CONDITION S L (Year) (Hou	FOR WHICH OPERATION W. 228. PLACE OF INJURY (e.g., home, form, foctory, street, offic 22E.INJURY OCCURRED WHILE AT WORK NOT AT W	in or obout 22C. WHERE DID (it in Baltimo bldg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUMULA INJURY OCCU	NO: NO: NO: NO: NO:
MEDICAL	22A. EXTERNA UNDERLYING UTING CAUS 22D. TIME (MC OF INJURY (APPROX.) 23. I certify resulted	L CAUSE WAS OR CONTRIB E OF DEATH. Onth) (Doy)	OB. CONDITION S L (Year) (Hou	228. PLACE OF INJURY (e.g., home, form, foctory, street, office 22E. INJURY OCCURED WHILE AT NOT WORK AT W	In or obout 22C. WHERE DID (It in Baltimo bldg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUMULE and that on this basis, the Homicide Undetermine CHIEF MEDICAL EXAMINER	NO: The City, give exact location) JR? death in my opinion The city of the c
MEDICAL	22A. EXTERNA UNDERLYING UNING CAUS 22D. TIME (MC OF INJURY (APPROX.) 23. 1 certify resulted ACTUAL SIGNATURE	L CAUSE WAS JOR CONTRIB E OF DEATH. Onth) (Doy)	OB. CONDITION S L (Year) (Hou	228. PLACE OF INJURY (e.g., home, form, foctory, street, office 22E. INJURY OCCURED WHILE AT NOT WORK AT W	in or obout 22C. WHERE DID (II in Bolitmo bldg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCU WHILE ORK ON THE DID (II in Bolitmo or bloom) and that on this basis, be described to the basis, or be described to the basis of the b	NO: The City, give exact location) UR? death in my opinion and manner
MEDICAL	22A. EXTERNA UNDERLYING UTING CAUS 22D. TIME (MO OF INJURY (APPROX.) 23. I certify resulted ACTUAL SIGNATURE EXAMINER: NAME (Typ.)	L CAUSE WAS OR CONTRIB E OF DEATH. Onth) (Doy)	(Year) (Hou	228. PLACE OF INJURY (e.g., home, form, factory, street, office with the property of the pro	in or obout 22C. WHERE DID (II in Balilmon bldg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUPANTION OF THE PROPERTY OF THE	NO: The City, give exact location) JR? death in my opinion The distribution of the city
MEDICAL	22A. EXTERNA UNDERLYING UTING CAUS 22D. TIME (Mo OF INJURY (APPROX.) 23. I certify resulted ACTUAL SIGNATURE EXAMINER: NAME (Typ) A. BURIAL CREMA	L CAUSE WAS OR CONTRIB E OF DEATH. Onth) (Doy)	(Year) (Hou	228. PLACE OF INJURY (e.g., home, form, foctory, street, office 22E. INJURY OCCURED WHILE AT NOT WORK AT W A Coldent Suicide Sui	In or obout 22C. WHERE DID (It in Bolitmo bldg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUMUM and that on this basis, Homicide Undetermine CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	NO: The City, give exact location) JR? death in my opinion The city of the c
MEDICAL	22A. EXTERNA UNDERLYING UTING CAUS 22D. TIME (Mo OF INJURY (APPROX.) 23. I certify resulted ACTUAL SIGNATURE EXAMINER: NAME (Typ. A. BURIAL CREMA MOVAL (Specify) Burial	L CAUSE WAS OR CONTRIB E OF DEATH. Onth) (Doy) that I held from: Nature S e) TS TION, 248.	(Year) (House Minds and Inquiry Indianase Minds	228. PLACE OF INJURY (e.g., home, form, factory, street, office with the property of the pro	in or obout 22C. WHERE DID (II in Balilmo bldg., etc.) INJURY OCCUR? WHILE 22F. HOW DID INJURY OCCU WHILE and that on this basis, Homicide Undetermine CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER OF CREMATORY 24D. LOCATION	death in my opinion med manner DATE SIGNED 5/12/70 (City, lown, or county) (Stote)
MEDICAL	22A. EXTERNA UNDERLYING UTING CAUS 22D. TIME (Mo OF INJURY (APPROX.) 23. I certify resulted ACTUAL SIGNATURE EXAMINER: NAME (Type A. BURIAL CREMA' MOVAL (Specify)	L CAUSE WAS OR CONTRIB E OF DEATH. Onth) (Doy) that I held from: Nature S e) TS TION, 248.	(Year) (House Inquiry In	228. PLACE OF INJURY (e.g., home, form, foctory, street, office with the property of the prope	in or obout 22C. WHERE DID (II in Balilmo bldg., etc.) INJURY OCCUR? WHILE 22F. HOW DID INJURY OCCU WHILE and that on this basis, Homicide Undetermine CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER OF CREMATORY 24D. LOCATION	death in my opinion med manner DATE SIGNED 5/12/70 (City, lown, or county) (Stote)

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY YES K NO If Under 1 Yr. Months: Doys If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? 17. INFORMANT 2209 Hamiltowne Circles APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A-AUTOPSY7 (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) and that In(my) (our) apinion death occurred on the date (City, town, or county) (Stotel Baltimore, Md. Schimunek Funeral Home, ADDRESS Inc.



	4-63	0 70			HEALTH DEPARTM	IENT	1910
BI	RTH NO.	70	4979	CERTIFICA	TE OF DEA	TH REG. NO	70 4979
1.	NAME OF DEC			7 pm.		ATE AND HOUR OF DEAT	H
	•	HOWARD, The	omas A	nthony		5/11/70	1 8:40 A N
3,	PLACE IN BAL	TIMORE MARYLAND, V	HERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE	E (Where deceased lived, II	institution: residence belore odmission)
FL	JLL NAME OF	(IF NOT IN HOSPIT	AL OR IN	STITUTION, GIVE STREET	Maryland	,,	7633
ΙÑ	OSPITAL OR STITUTION	ADDRESS OR LOC			C, CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
	1 2 30	terans Admin	LSUrat	lon Hospital	Baltimor	e	YES NO
9		ltimore, Mar			E. STREET AND NU	THE CONTRACT OF THE CONTRACT O	
5.	SEX	6. RACE			3337 Bela		
	Male	White	WIDOW	ED NEVER MARRIED DIVORCED		9. AGE (In years lost birthdoy)	Months Doys Hours Min.
10/	LUSUAL OCCU	JPATION (Give kind of world			8/30/11 11. BIRTHPLACE (Stote	58	12. CITIZEN OF WHAT COUNTRY
	Machin		Gli	dden Paint	Baltimore		USA
	homas				14. MOTHER'S MAID	DEN NAME	
	MARCON				Sophie B	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	chelberger
15. (Ye	Was Deceased s, no or unknown)	Ever in U. S. Armed Far (If yes, give war ar date	ces? s of servic	1 6. SOCIAL SECURITY NO.	17 (01000111111	Hospital Reco	
	Yes	8/23/43 - 10)/19/4	5 216-05-54-0		ch Raven Blvd.	
Г	18.046	/XI		CAUSE OF DEATH	ł		APPROXIMATE INTERVAL
		E OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEATH
	1	LEADING TO DEATH	dving. e.	(A) IMMEDIATE CAU	<i>y</i>	pneumonia	days
	l heart lailure, c	asthenia, elc. It meons plication which coused	the disease	Se, DUE 10, OR AS	CONSEQUENCE OF:		
		NTECEDENT CAUSES		Chronie	c obstructiv	e pulmonary di	sease years
	OISEASES O	R CONDITIONS, II	ny, givi	DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING	obave cause (A) CONDITION last.	stating t	(c)			
_		11		(-/			
CERTIFICATION	I TO THE DEATH	CANT CONDITIONS COL BUT NOT RELATED TO THE ENDITION GIVEN IN PAR	IF TERMINA	G Po	liomyelitis	, old	
FIC	19A. DATE OF	OPERATION 198. CON	DITION FO	R WHICH OPERATION	20A. AUTOPSY? (Ye	s or No. 208, IF YES, WERE	FINDINGS CONSIDERED
ERT	NCS -				YES		AUSES OF DEATHS
	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examines	h	TB. PLACE OF INJURY (e.g., in came, form, factory, street, aff lc.)	or obout 21 C. WHERE INJURY OCC	DID (If In Ballima	ore City, give exact location)
MEDICAL	21 D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 2	1E INJURY OCCURRED	21 F. HOW D	ID INJURY OCCUR?	
	(APPROX.)			While At Not While At Work		-6	
	22. I certify t	that 🌓 (this hospital)	ottended		16	19_70_10_5/	
		ost sow the decease			1970	and that in (my) (our) opi	Inion death occurred on the date
	ond hour ond	from the couses state	ed above.	(1) (We) (did) (d)/d/n6/ vi	ew the body after d	leath.	
	23A. SIGNATUR	IE .	10				23B, DATE SIGNED
	22.0. 211140101010		9	OEGREE Phys.	ding Med. Director	Staff Phys.	5/12/70
	23 C. PHYSICIAN NAME (Ty	pel Training	10		3D. ADDRESS 390	O Loch Raven Bo	
244		YOUNG E		DEGREE	Bal	timore, Marylar	
24A	REMOVAL (S	AATION, 248. DATE	24C.	NAME of CEMETERY OF CREA		24D. LOCATION (C	ity, town, or county) (State)
	Buria.			alto. Nat. Ce		Baltimore,	
2 S A	MAY 1	4 1970 Page	258. NAMI	OF REGISTRAR	Schimune	ek Funeral Ho Brehms Lane	ome, Inc.
VS .	SO-REV. 1/1/61		- 4		1 3331	Preums raus	

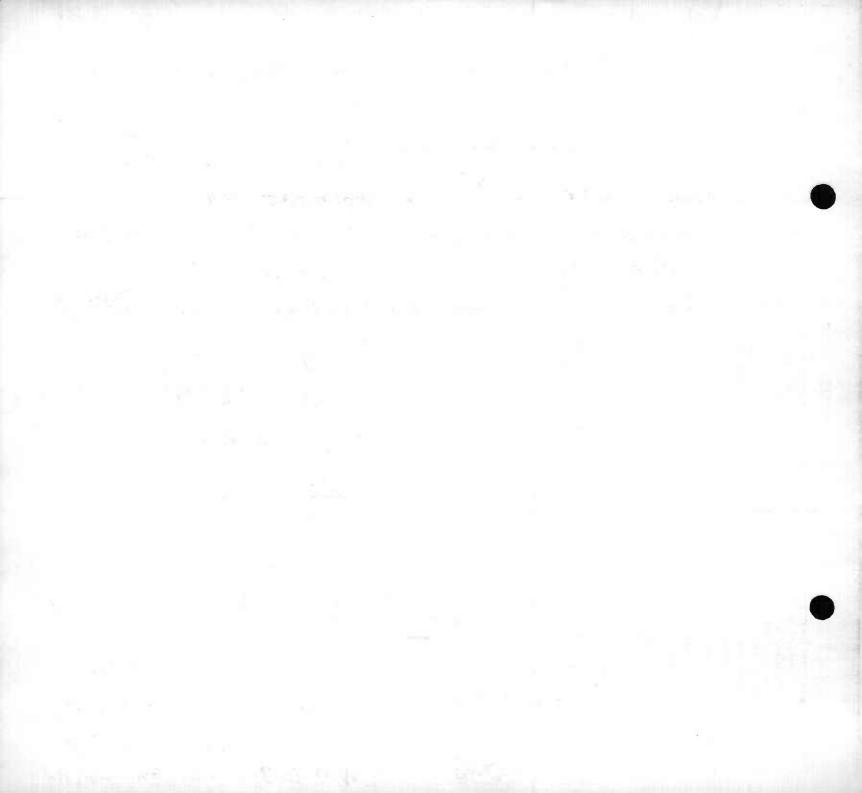
24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, lawn, or county) (Stole) REMOVAL (Specify) 1970 Burial St. James Monkton Balto., Maryland 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS 21084 Jarrettsville, Md. Charles E. Kurtz VS 151-REV. 3/1/68

IMPORTANT

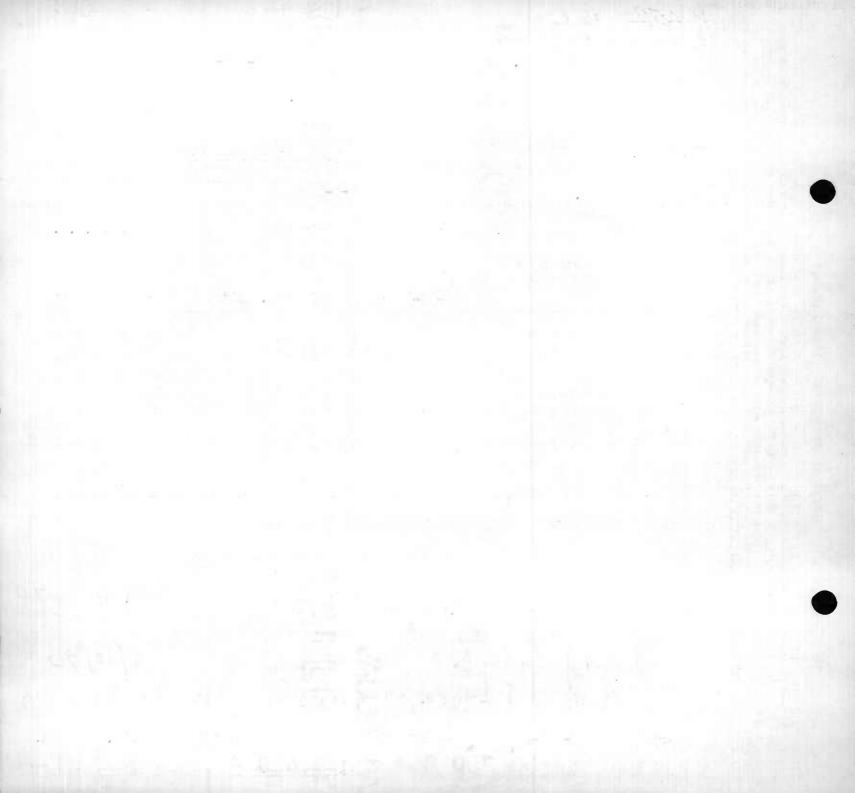
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



VS 150-REV. 1/1/6E



BALTIMORE CITY HEALTH DEPARTMENT

contributing death IMPORTANT his assistant FUNERAL DIRECTOR: to the hospital **P** certificate

VS 150-REV. 1/1/68

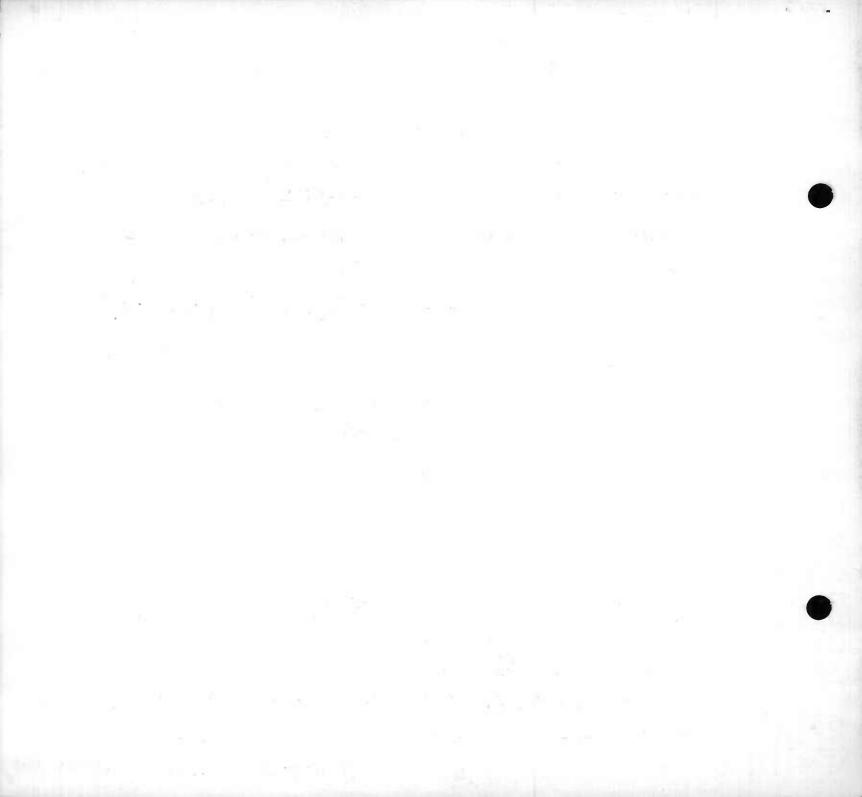
and

hospital

		DAG 11 1			M.
4. A	USUAL RESIDENCE (Whe	re deceased lived.	If instituti	on: residence	before odmission)
1	Maryland			1	744
C	CITY OR TOWN	D.	INSIDE CI	ITY LIMITS?	
	Baltimore		YES	XX	NO 🗌
	STREET AND NUMBER	n 1			
1	516 Pentridge				
_	DATE OF SIRTH Jan. 23, 1892	9. AGE (In years lost birthday) 78	Mor	Under 1 Yr. oths Doys	If Under 24 Hrs. Hours Min.
RY 11.	. BIRTHPLACE (State or fore	ign country)	12.	CITIZEN OF	WHAT COUNTRY?
	Maryland		Į	J.S.A.	
14.	MOTHER'S MAIDEN NA Sarah All				the median
		CII			
17.	INFORMANT	7 Deer	Pass	Ct ADDR	ESS
	Eleanor Wrigh				21030
ATH			774		XIMATE INTERVAL
	A + 24	010 A.			hrs.
AUSE	Acute My ocar de	a myerque	न		o who
		0		2 23	
Poy A	ine Afterwooden	the Heart	Disser	ų 3	Years.
AS A	CONSEQUENCE OF:				
alin	al enteriord	ingles		10	tho.
-9					
B	rain Riberte - (Eubra Vasc	rela Ar	Ryais 3	yns.
	20A. AUTOPSY? (Yes or No	208. IF YES, WIN CERTIFYING	ERE FINDII	NGS CONSI OF DEATH?	DERED
office	r obout 21 C. WHERE DID	(If in 8oli	timore City	, give exoct	locotion)
	21F. HOW DID INJ	URY OCCUR?			
hile [
-	1.41.17	19 68 to	Ma	9	10 4.
					19.70
		of in (my) (our)	opinion	deoth occu	irred on the dote
) viev	w the body ofter deoth.				
Mondi	ng Med.	S-4 C		DATE SIGN	
nys.	University L	Shaff Phys.		may 1	1,1970
23 D	ADDRESS	A. A.	ta	K.14	7.0000
EE	EMERSONI	אח הא	، ح،	トオール	ma ully
CREMA	80	OCATION '		wn, or county	(Stote)
emet		esville, 1	Maryla	and	
	Wm. Cook-Bro	oks Towson	n. 10!	50 Yorl	Road Md. 21204
0	1 0 6 0	ORS TOWSO	Tor	wson, l	Md. 21204
	11 / 4 7				

the state of the s

6	3-435	1.04		HEALTH DEPARTMENT	REG. NO.	70 4984
	H NO.) 4984	CERTIFICA	TE OF DEATH	ND HOUR OF DEATH	
Тур	e or Print) RaE G	0 /dumn		11 1	Nan 1970	17 8
3, P	LACE IN BALTIMORE, MAR	YLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. If in	stitution: residence before odmission)
HO	SPITAL OR ADDRES	OR LOCATION)	ISTITUTION, GIVE STREET	MARY MAND	Baltoma D. INSII	DE CITY LIMITS?
1	evindale i	Helores	Home &	Balysmare E. STREET AND NUMBER		YES NO .
0	Infikme	my		Greenspring	& Belve	dere
5. SI	mole Care	SPA WIDOV		8. DATE OF BIRTH 1 886 10-10-X 1282	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA.	USUAL OCCUPATION (Give during most of working life, eve	kind of work 108, KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	DOMESTIC	. 1	HOME	BALTIMORE, MA	RYLAND	USA
13. F	ATHER'S NAME			14. MOTHER'S MAIDEN NA		
	UNKNOWN			UNKNOWN		
Yes.	no or unknown) (If yes, give	Armed Forces? wor or doles of servi	16. SOCIAL SECURITY NO. 218-52-0798	17. INFORMANT LEVINDALE HEBR	EW HOME, c/o	MR. LOUIS BALK AVES. #15
I	B. 412.21		CAUSE OF DEAT	GREENSPRING	& BELVE R ERE	
	DISEASE OR COND	TION DIRECTLY	CAUSE OF BEAT		- /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO			- Pulmonze	Gillia -	6 - 1
	(This does not mean the	made af dying,	e.g., (A) IMMEDIATE CAU	A CONSEQUENCE OF:	1 el lules	1000
	heorl foilure, asthenio, etc. injury ar camplication whic	th caused deoth.)	ase,			1
	ANTECEDENT	CAUSES	Proum	RID T SP	0513	<u> </u>
	DISEASES OR CONDITIO	NS, if any, give	ring DUE TO, OR AS	A CONSEQUENCE OF:		**********
	rise to the obove co UNDERLYING CONDITION		the ASC	VD		
-		1031	(C)			***************************************
ATION	OTHER SIGNIFICANT CONDITION OF REI	ATED TO THE TERMIN	NG Hyper	pension		
CERTIFICATION	PA-DATE OF OPERATION	198 CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	INDINGS CONSIDERED
4	TA: ACCIDENT WAS UNDI OR CONTRIBUTING CAUS DEATH Inotify medical exami	RLYING DE OF	21 B. PLACE OF INJURY (e.g., li home, form, foctory, street, of etc.)	or obout 21C. WHERE DID	(If In Boltimore	City, give exect location)
00 2	1D. TIME (Month) (Do	y) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
51	APPROX.)		While Al Work Not While Al Work			
	2. I certify that 💋 (this				19 48_to	Mag 1920
	hat M (we) last saw the		4		at in(my) (our) apin	lan deoth accurred an the date
		uses stated above	. (Me) (did) (413) 85% v	ew the bady after death.		
	Mous !	Ato/	DEGREE Phys	nding Med.	Staff Phys.	23 B. DATE SIGNED 11 May 1920
2	ACPHYSICIAN'S NAME (Type)	OstRo	FE MID	Loundale He	10	ne of brogsiemany
24A.	BURIAL CREMATION, 24B. REMOVAL (Specify) BURIAL 5-	13-70 240	C. NAME OF CEMETERY OF CRE BNAI ISRAEL		CATION (City	/ town, or countyl (Stote)
25A.	MAY 1 4 1970	Robert E. Ja	AE OF REGISTRAR	SOL CEVINSON	& BROS.,601	O REISTERSTOWN ROAD

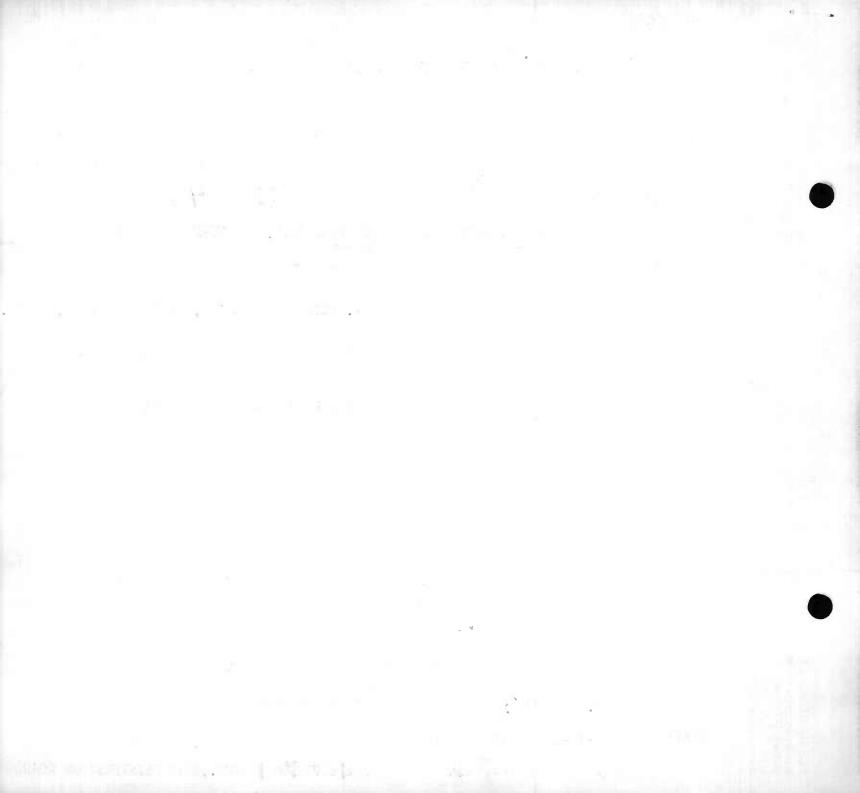


IMPORTANT

DIRECTOR:

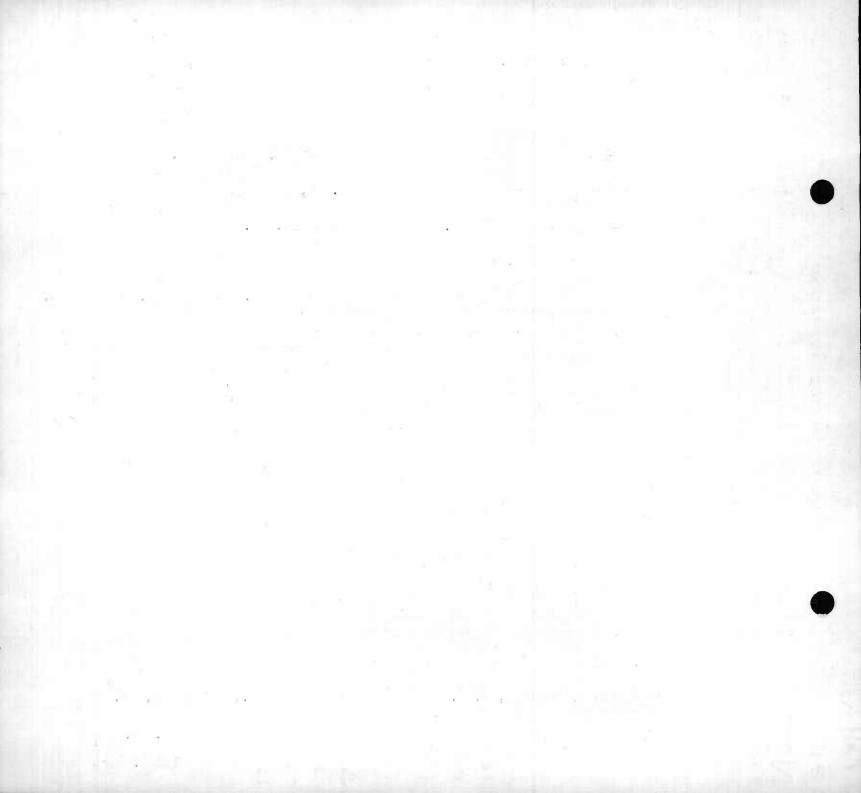
FUNERAL

VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

4000	LTIMORE CITY HEAL			/11 /1 /1 /1 /1 /1 /1 /1 /1 /1 /1 /1 /1
4900 CE	RTIFICATE	OF DEATH	REG. NO	7U 4986
		2, DATE AND	HOUR OF DEATH	1
rt E. Hartung		70	[arr 77 . 70	70 10:10 A.
	AD 4. US	UAL RESIDENCE (Where	deceased lived. If	
				7 11/1
AL OR INSTITUTION, GIV ATION)			In IN	SIDE CITY LIMITS?
and the same of th	C. 011	Baltimore	D. 114	YES NO
	E. ST	REET AND NUMBER		110
sing Home		500 E. Rar	dall St.	
	MARRIED V 8. DA			If Under 1 Yr. , If Under 24
	lun-ad		S) t	Manths Days Haurs Mi
			cauntry)	12. CITIZEN OF WHAT COU
Com Co		Dolla Ma		11 C A
can co.	124			USA
	14. M			
Hartung		Barbara St	1.Les	
rces? 16. SOCIA		FORMANT		ADDRESS
JECO!	Mis	s Louella E.	Klug 500	E. Randall St.
CAI			-	APPROXIMATE INTERV
any, giving slating the	DUE TO, OR AS A COI	LE Crace	leker 4	5+2p
any, giving (B) slating the (C) ONTRIBUTING	DUE TO, OR AS A COL	VEGUENCE OF: hyseuro	hitei 4	5+2p 5+4p
any, giving slating the (C)	augh Asseries	hyseuw relievier R A. AUTOPSY? (Yes or No)	Part dia 2018. IF YES, WERE IN CERTIFYING C	5+2pc 5+yr 12pc, E FINDINGS CONSIDERED AUSES OF DEATH?
any, giving slating lhe (C) ONTRIBUTING SHE TERMINAL ST. 1 (A). SHORMED ST. PLACE O	augh Asseries	A. AUTOPSY? (Yes or No)	IN CERTIFYING C	5+2pc 5+4pc 5+4pc 12pc, E FINDINGS CONSIDERED AUSES OF DEATH? are City, give exact location)
any, giving slating the (C) ONTRIBUTING (HE TERMINAL RT 1 (A). Woldflow FOR WHICH OF GRAMED 21B. PLACE Ohome, form, fo	PERATION 20 F INJURY (e.g., in ar abactory, street, affice blooms	A. AUTOPSY? (Yes or No) Out 21 C. WHERE DID Jour 21 F. HOW DID INJU	(If In Baltim	are City, give exact location)
ONTRIBUTING (HE TERMINAL NOTION FOR WHICH OF STORMED 21B. PLACE O home, form, for	FINJURY (e.g., in ar abactory, street, affice bloodery, street, affice	A. AUTOPSY? (Yes or No) Out 21 C. WHERE DID Jour 21 F. HOW DID INJU	(If In Baltim	are City, give exact location)
ONTRIBUTING (C) ONTRIBUTING (HE TERMINAL RT 1 (A). NOTION FOR WHICH OF FORMED 21B. PLACE O hame, form, for etc.) (Haur) 21E. INJURY (While At Wark	FINJURY (e.g., in ar abactory, street, affice blackers, at Wark	A. AUTOPSY? (Yes at No) aut 21 C. WHERE DID By, INJURY OCCUR? 21 F. HOW DID INJURY CAPTER 5 19	(If In Baltim	are City, give exact location)
ONTRIBUTING (C) ONTRIBUTING (HE TERMINAL RT 1 (A). NOTION FOR WHICH OF HORMED 218. PLACE O home, form, for etc.) (Haur) 21E. INJURY (While At Work	PERATION 20 F INJURY (e.g., in ar aboctory, street, affice blood of the street of the	A. AUTOPSY? (Yes at Na) aut 21 C. WHERE DID aut 21 F. HOW DID INJU 21 F. HOW DID INJU 21 F. HOW DID INJU 19 10 ond that	(If In Baltim	are City, give exact location)
ONTRIBUTING (C) ONTRIBUTING (HE TERMINAL RT 1 (A). NOTION FOR WHICH OF FORMED 21B. PLACE O hame, form, for etc.) (Haur) 21E. INJURY (While At Wark	PERATION 20 F INJURY (e.g., in ar aboctory, street, affice blood of the street of the	A. AUTOPSY? (Yes at Na) aut 21 C. WHERE DID aut 21 F. HOW DID INJU 21 F. HOW DID INJU 21 F. HOW DID INJU 19 10 ond that	(If In Baltim	are City, give exact location) The control of the
ONTRIBUTING (C) ONTRIBUTING (HE TERMINAL RT 1 (A). NOTION FOR WHICH OF HORMED 218. PLACE O home, form, for etc.) (Haur) 21E. INJURY (While At Work	FINJURY (e.g., in ar abactory, street, affice bleed bl	A. AUTOPSY? (Yes at Na) auti21.C. WHERE DID gg, INJURY OCCUR? 21F. HOW DID INJUI 21F. HOW did injui auti21. S 19 19 19 19 19 19 19 19 19 19	(If In Baltim	are City, give exact lacation) 2004 218. DATE SIGNED
ONTRIBUTING (C) ONTRIBUTING (HE TERMINAL RT 1 (A). NOTION FOR WHICH OF HORMED 218. PLACE O home, form, for etc.) (Haur) 21E. INJURY (While At Work	PERATION 20 F INJURY (e.g., in ar aboctory, street, affice ble DCCURRED Nat While At Work sed fram Attending Phys. Attending Phys.	A. AUTOPSY? (Yes at No) aut 21 C. WHERE DID aut 21 F. HOW DID INJU 21 F. HOW DID INJU A. AUTOPSY? (Yes at No) aut 21 C. WHERE DID aut 31 C. WHERE DID aut 32 C. WHERE DID	(If In Baltim RY OCCUR? 20_ta_ in(my) (our) of	are City, give exact location) The control of the
ONTRIBUTING (C) ONTRIBUTING (HE TERMINAL RT 1 (A). WIDITION FOR WHICH OF HERORMED 21B. PLACE O home, form, for etc.) (Hour) 21E. INJURY (While At Work While At	FINJURY (e.g., in ar aboctory, street, affice bleed by the seed fram Mat While Seed fram Mat While At Work At Work Attending Phys. 23D, A	A. AUTOPSY? (Yes ar No) OUT [2] C. WHERE DID 19., INJURY OCCUR? 2] F. HOW DID INJURY OF THE BODY of The Body after deoth. Med. Director P	IN CERTIFYING C (If In Baltim RY OCCUR? In (my) (our) of Reff.	are City, give exact location) They are City, give exact location) Plant 19 22 Pinion death accurred on the 238. DATE SIGNED They 12, 47
ONTRIBUTING (C) ONTRIBUTING (HE TERMINAL RT 1 (A). NOTION FOR WHICH OF HORMED 218. PLACE O home, form, for etc.) (Haur) 21E. INJURY (While At Work	PERATION 20 F INJURY (e.g., in ar aboctory, street, affice blood octory, affice blood oc	A. AUTOPSY? (Yes at No) aut 21 C. WHERE DID aut 21 F. HOW DID INJU 21 F. HOW DID INJU A. AUTOPSY? (Yes at No) aut 21 C. WHERE DID aut 31 C. WHERE DID aut 32 C. WHERE DID	IN CERTIFYING C (If In Baltim RY OCCUR? In (my) (our) of Reff.	are City, give exact location) They are City, give exact location) Plant 19 22 Pinion death accurred on the 238. DATE SIGNED They 12, 47
ONTRIBUTING (HE TERMINAL RT 1 (A). Woldflow FOR WHICH OF HORMED 21B. PLACE O home, form, for etc.,) (Haur) 21E. INJURY (While At Wark Wark I) ottended the deceosed alive on sted obave. (1) (We) (4)	FINJURY (e.g., in ar aboctory, street, affice bleed by the seed fram Mat While Seed fram Mat While At Work At Work Attending Phys. 23D, A	A. AUTOPSY? (Yes at Na) autilization where DID gg, INJURY OCCUR? 21F. HOW DID INJUR 21F. HOW DID INJUR	IN CERTIFYING C (If In Baltim RY OCCUR? In (my) (our) of hys. Baltimon	are City, give exact location) They are City, give exact location) Plant 19 22 Pinion death accurred on the 238. DATE SIGNED They 12, 47
ONTRIBUTING THE TERMINAL ANDITION FOR WHICH OF STORMED 218. PLACE O hame, form, for etc.) (Hour) 21E. INJURY (While At Work Work All) ottended the deceosed alive on sted obave. (1) (We) (deceosed of the content of the conte	PERATION 20 F INJURY (e.g., in ar aboctory, street, affice ble DCCURRED Nat While At Work Sed fram Attending Phys. 23D, A DEGREE EMETERY of CREMATO	A. AUTOPSY? (Yes at Na) autilization with the bady after death. Med. Director DDRESS 6100 York Rd.	IN CERTIFYING C (If In Baltim RY OCCUR? 10 (my) (our) op hoff. Baltimon	are City, give exact lacation) The principle of the lacation
ONTRIBUTING (HE TERMINAL RT 1 (A). WIDTION FOR WHICH OF IFORMED 218. PLACE O home, form, for etc., (Haur) 218. INJURY (While At Wark Wark Wark All) ottended the deceosed alive on ited obave. (1) (We) (di	FINJURY (e.g., in ar abordory, street, affice bloodery, and the street, affice bloodery, affice bloodery	A. AUTOPSY? (Yes at Na) autilization with the bady after death. Med. Director DDRESS 6100 York Rd.	IN CERTIFYING C (If In Baltim RY OCCUR? 10 (my) (our) op hoff. Baltimon	are City, give exact lacation) The system of the lacation of
k re	THE HAPTUNG THERE PRONOUNCED DI AL OR INSTITUTION, GRATION) SING HOME TO MARRIED NEVER WIDOWED CAN TOB. KIND OF BUSINESS CAN CO. HAPTUNG TO SECU	THE HAPTUNG THERE PRONOUNCED DEAD AL OR INSTITUTION, GIVE STREET ATION TO MARRIED NEVER MARRIED S. DATE WIDOWED DIVORCED DEC RIOB, KIND OF BUSINESS OR INDUSTRY 11, BIT CAN CO. 14. M Hartung TO SECURITY NO. CAUSE OF DEATH RECTLY (A) IMMEDIATE CAUSE DUE TO OR AS A CONSTITUTION OF AS A CONST	2. DATE AND 2. DATE AND 3. DATE AND 3. STATE 4. USUAL RESIDENCE (Where A. STATE 8. COUNTY 1	2, DATE AND HOUR OF DEATH 2, DATE AND HOUR OF DEATH May 11, 19



FUNERAL DIRECTOR: IMPORTANT

5 3/11 20 10		HEALTH DEPARTMENT	70 Anort		
D-364 70 4987	CERTIFICA	TE OF DEATH REG. NO	70 4987.		
1. NAME OF DECEASED (Type or Print) STERLING, E	LLEN FL	MAY 12, 1970	1 5.30 P.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE IWhere deceased lived. If	institution: residence before admission)		
FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)		MARYLAND ANNE ARUND	EL 52 061146		
ST AGNESHOSPITA	_	SEVERNA PARK	YES NO		
40 CATON & WILKENS BALTIMORE, MARY	AVENUES LAND 21229	E. STREET AND NUMBER 194 NORWICH ROAD			
	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	WED DIVORCED	04/22/95 75	Num.		
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even 11 retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
BEAUTICIAN B	EAUTY SHOP	NEW JERSEY	U.S.A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	U.3.A.		
PHILIP NOORHEE	5	CARRIE TOTAL	ETT		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL	17 INFORMANT	1000000		
NO -	SECURITY NO.	BALTO MD 21			
18. 7 44 /4	CAUSE OF DEAT	ST AGNES RECORDS CAT	ON & WILKENS AVES		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			BETWEEN ONSET AND DEATH		
(This does not mean the made of dving	e.g., (A) IMMEDIATE CAU				
hearl failure, asthenia, etc. It means the dise injury or complication which caused death.)	ose,	A CONSEQUENCE OF: Electrolyle	Is his bance		
ANTECEDENT CAUSES	O Hypo	Universition a Mali			
DISEASES OR CONDITIONS, if ony, gi	ving DUE TO, OR AS	Thy raidiam. @ Nephro sels	Ja zn		
rise to the above couse (A) stating UNDERLYING CONDITION lost.	(c) (d) (h)	atal Hernia @ Possible Pha	eumahic		
_ 11					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG				
O DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	[20A_AUTOPSY? (Yes or No)] 20B, IF YES, WERE	***************************************		
19A-DATE OF OPERATION 19R CONDITION F WAS PERFORMED	or which orexalor		FINDINGS CONSIDERED AUSES OF DEATH?		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., in home, lorm, fociory, street, of etc.)	n or about 21 C. WHERE DID (If in Baltima fice bidg., INJURY OCCU R?	re City, give exoct location)		
OF INJURY (Month) (Doy) (Yeorl (Hour)	21& INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
(APPROX.)	While At Work At Work				
22. I certify that (1) (this hospital) attend	ed the deceased from AP	PRIL 19 19 70 to MAY	(12 19 7.0		
that (1) (we) last sow the deceased alive		19 70 ond that In (Yay) (aur) op	inion death occurred an the date		
and have and from the causes stated abov	e. ()) (We) (did) (d)(d)(n)(t)(v)	iew the body ofter death.			
23A. SIGNATURE Benjarian Attending Med. Staff S					
	DEGREE Phys	Director L Phys. L	5 13 70		
23C. PHYSICIAN'S NAME (Type) ZAHEER AHM.	AD KHAN	ST. AGNES HOSPITAL; CAT			
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CRE		ity, town, or county) (State)		
BURIAL/REM. 5/15/70 3	sprinedale G				
	ME OF REGISTRAR	25C, FUNERAL DIRECTOR BALTO, /FC			
VS 150-REV. 1/1/68		THE CHARLES ICHON INC.	SAME CHANGERCHIN		

J. 18 1 1 = 1 Design A results of the La Company

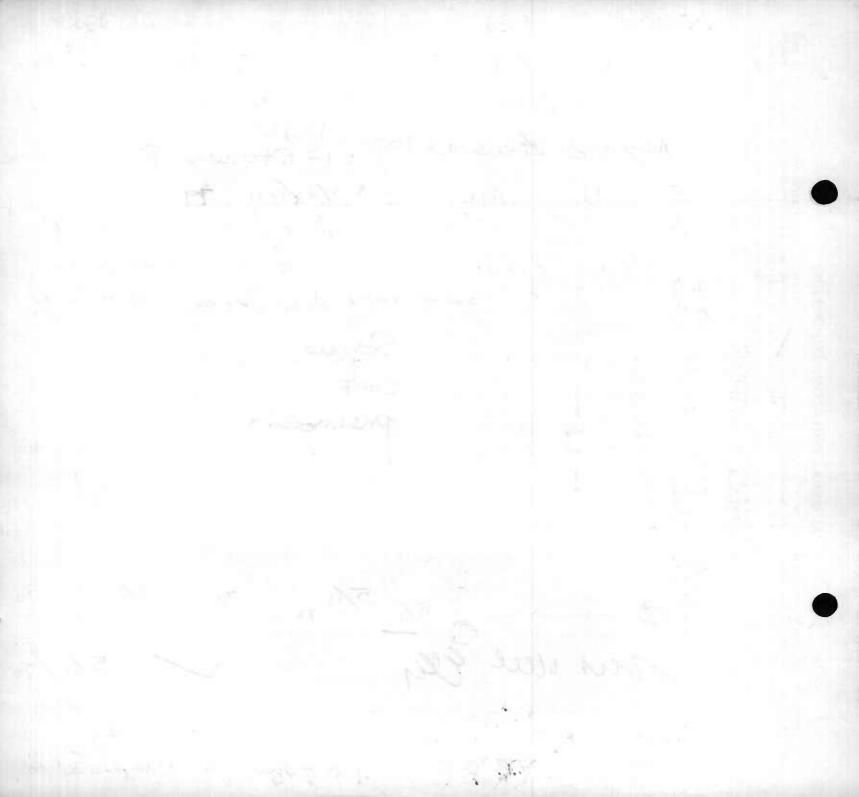
the state of the state of And the Property of the Co. The state of the s 19 WE 1 3/10 110 h seaferth . 110

BALTIMORE CITY HEALTH DEPARTMENT

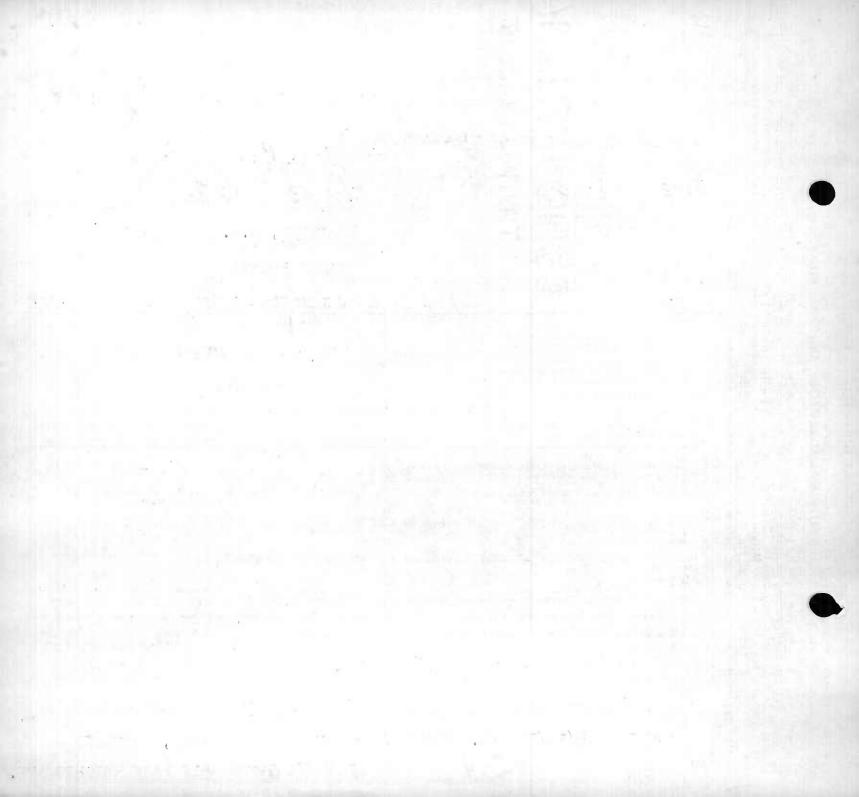
FUNERAL DIRECTOR: IMPORTANT

VS 150-REV. 1/1/65

Registered Na. 2. DATE AND HOUR OF DEATH deceased lived. If institution; residence (If outside city limits, write RURAL and give township) (If rural, give location) 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 7. 9 and that in(my) (our) apinian death accurred an the date 23B. DATE SIGNED (City, town, or county) (Stote) DDRESS



1 .112 000	BALTIMORE CIT	Y HEALTH DEPARTMENT		70 4990
#-960 /U 49	990 CERTIFICA	ATE OF DEATH	REG. NO	
Type or Print) CLARENCE	FOWLER	2. DATE	SIN TO DEATH	H M
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	112200 CA	elsea (Jerroce 150
HOSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN		SIDE CITY LIMITS?
LUTHERAN HOSPITAL	OF MARYLAND	youto.		YES NO
LO IMBIGAN HODI LIAL	of Mailifiand	E. STREET AND NUMBER	and, C	Ratto liter
. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BURTH	9. AGE (In years	If Under 1 Yr., If Under & Hrs.
MINDSE. AMERICA	OWED DIVORCED	9/30/08	lost frihdog	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 B. KIII one during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR		oreign country	12. CITIZEN OF WHAT ODUNTRY
ETIPED		LAWRENCE,	s.c.	U. S.
B. FATHER'S NAME		14. MOTHER'S MAIDEN N		
JAMES FOWLER		TENCY FOS	TER	
o. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of se	rvice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	214-14-352	JULIA FOW	LER 2200 C	HELSEA TERRACE
1841	CAUSE OF DEA	TH LLACA WAD	x 11.	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		I'M JONE	Car	once BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CA		e HEAVT	Failure 6 45
(This daes not meon the mode of dying, heort failure, asthenia, etc. It meons the di	sease,	S A CONSEQUENCE OF:		
injury ar camplication which caused death.)				
ANTECEDENT CAUSES	(B)	S A CONSEQUENCE OF:		•••••••••••••••••••••••••••••••••••••••
DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stating	9, , , , ,	S A CONSEQUENCE OF.		
UNDERLYING CONDITION last,	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING MALL	pane Tume	1 utatt	64.
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	IINAL NEWO	yence and	N WINNER	man ps
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
				AUSTES OF DEATH.
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?	(If In Baltime	ore City, give exact location)
	etc.)			
21D.TIME (Month) (Doy) (Yeor) (Hour OF INJURY	While At Not Wh	21 F. HOW DID II	NJURY OCCUR?	
(A PPROX.)	Work At Work	k 📙		
22. I certify that (1) (this haspital) atten		2/13/65	19to	present 19
that (1) (we) lost sow the deceased olive	e on 3/27	19_70and	that in (my) (our) of	olnion deoth occurred on the dat
and hour and from the causes stated abo	ove. (1) (We) (did) (did not)	view the body ofter death	1.	
23A. SIGNATURE	1. 1.00	tending Med	S-44 -	23B. DATE SIGNED
	dey m DEGREE Ph	tending X Med. ys. Director	Staff Phys.	5/13/70
23C. PHYSICIAN'S NAME (Type)	/	23D. ADDRESS		
Elijah Saunders, M. D.	DEGRE		Blvd Ba	alto. Md. 21216
REMOVAL (Specify)	24C. NAME of CEMETERY of C	REMATORY 24D.	LOCATION	City, town, or county) (State)
Burial 5/16/70		METERY	BALTIMORE,	MARYLAND
AV 1 4 1070 P. A. B. J. R.	AME OF REGISTRAR	25C. FUNERAL DIRECTO	1.	ADDRESS
4 13/0 Margers C. Marger		Chrants I. C.M.	YNN 4517 F	PARK HEIGHTS AVE
1 1 50 DEV 1/1/(D	NA TOTAL CONTRACTOR OF THE PARTY OF THE PART			



the state of the s · cac · c

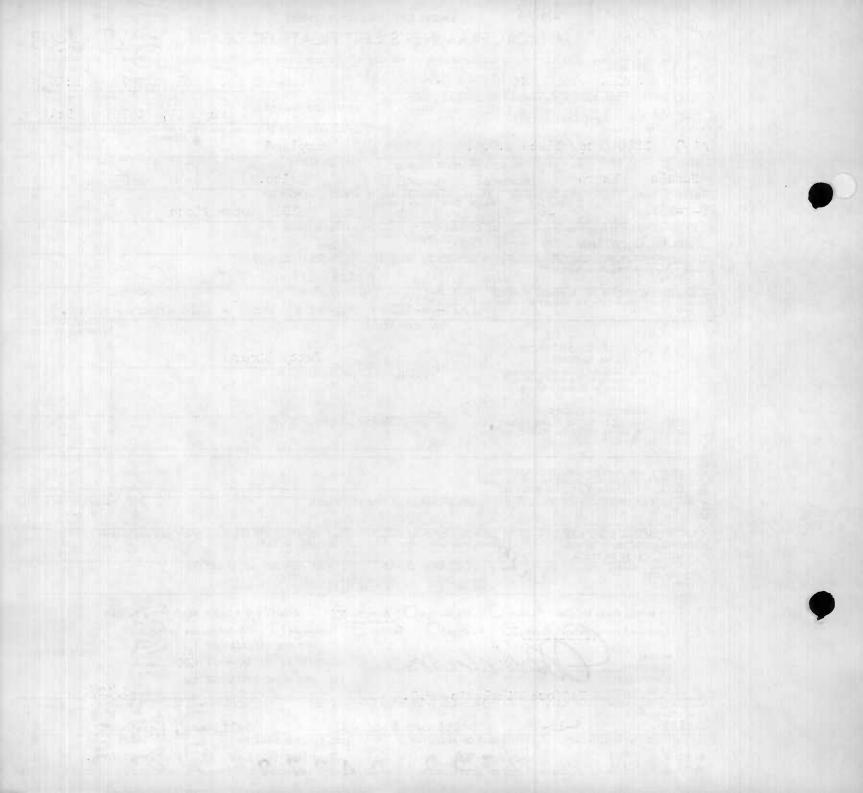
M-20	00 70	1002	TE OF DEATH	REG. NO	70 4992	
1. NAME OF DE (Type or Print)		te E. Mosco		ND HOUR OF DEATH	1	
3. PLACE IN BA	LTIMORE MARYLAND,	WHERE PRONOUNCED DEAD TAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceosed lived. If institution: lesidence before odmission) A. STATE B. COUNTY Laryland C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? NO			
00	3528 Gard	lenas Ave.	E. STREET AND NUMBER	rdenas Ave.		
5. SEX	6. RACE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 3 22 1914	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
	f working life, even if retired)		11. BIRTHPLACE (State or for Pennsylvar		US A	
13. FATHER'S NA	ncenzio Mosco		14. MOTHER'S MAIDEN NA Chiara	Calazii		
15. Wos Decease (Yes, no or unknow	d Ever in U. S. Armed Fo	orces? tes of service) 16. SOCIAL SECURITY NO. 215 03 9097	17. INFORMANT Mrs. Isabella	a Mosco 352	ADDRESS δ Cardenas Ave.	
rise Ia 1 UN DERLYIN	OR CONDITIONS, if the above cause (A) IG CONDITION last. 11 IFICANT CONDITIONS CO	stoling the (C)	A CONSEQUENCE OF:			
TO THE DEADISEASE OR 19A. DATE OF 21A. ACCID OR CONTRI	ATH BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMINAL RT 1 (A). MODITION FOR WHICH OPERATION REFORMED	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location)	
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED White At Not While Work At Work		IJURY OCCUR?	-/	
that (l) (we	e) last sow the deceas	-//			inlon deoth occurred on the dote	
23A. SIGNAT	Mce Fil	DEGREE Phy	nding Med.	Sraff Phys	3/13/70 tus Blod	
24A. BURIAL CE REMOVAL Buria	(Specify)	24C. NAME of CEMETERY of CRI		poklyn, A. A	. Co. Md.	
	1970 Pobert	255 NAME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS 130 E. Fort ave	

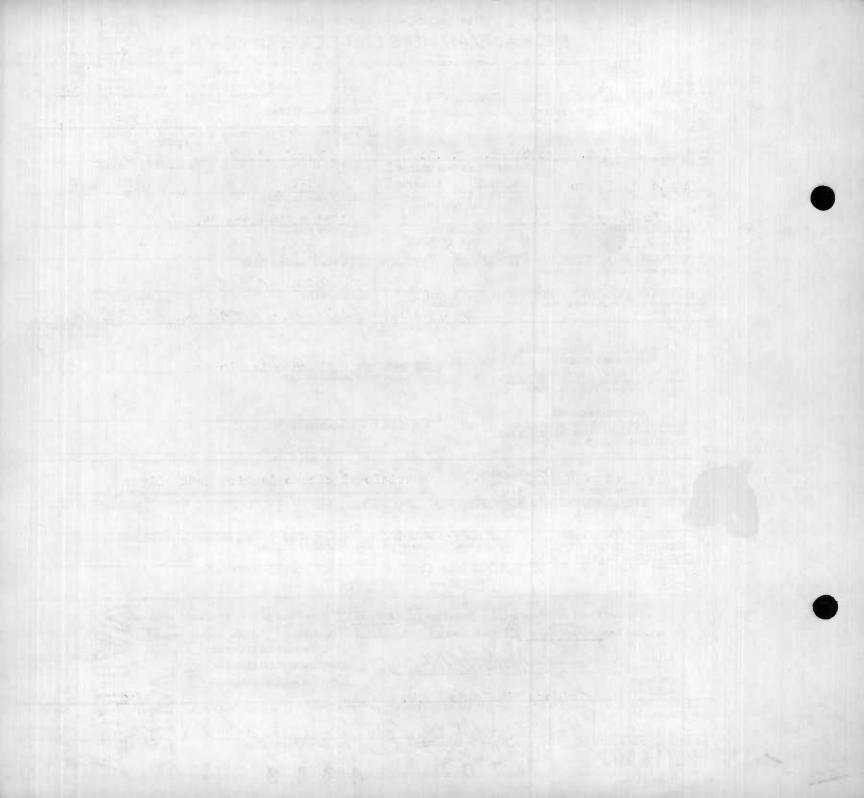
mulantatio carrennes sono Bronzopense anzerone 6/2 rds Mainer Feldown J. o. 20/21/2 6610 Cross County Blood

VS 151-REV. 1/1/68

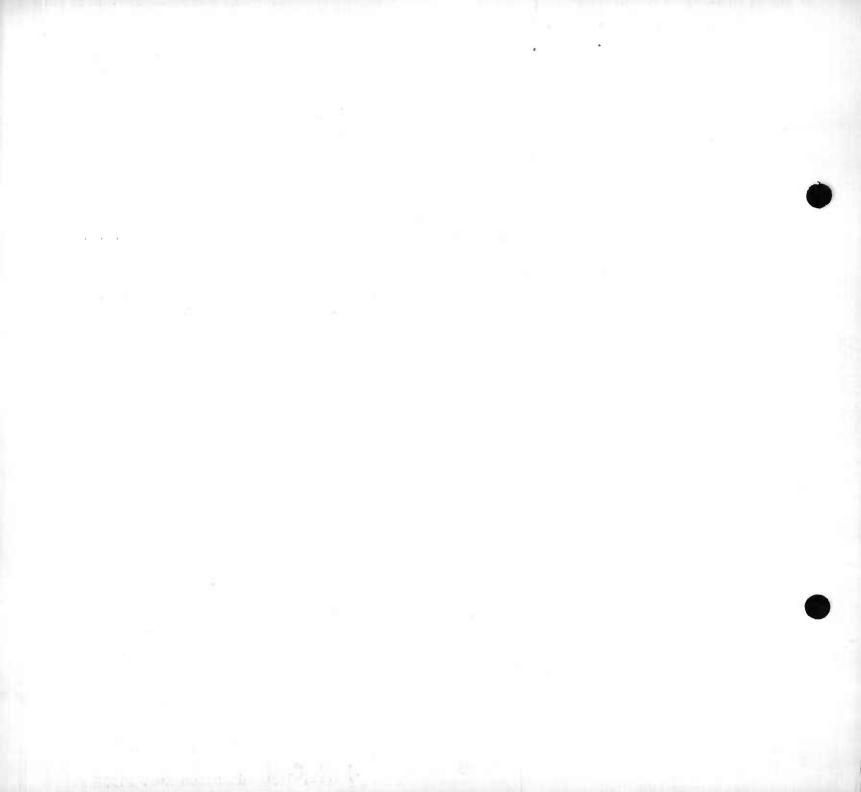
Charles R. Law

802 Madison Ave.





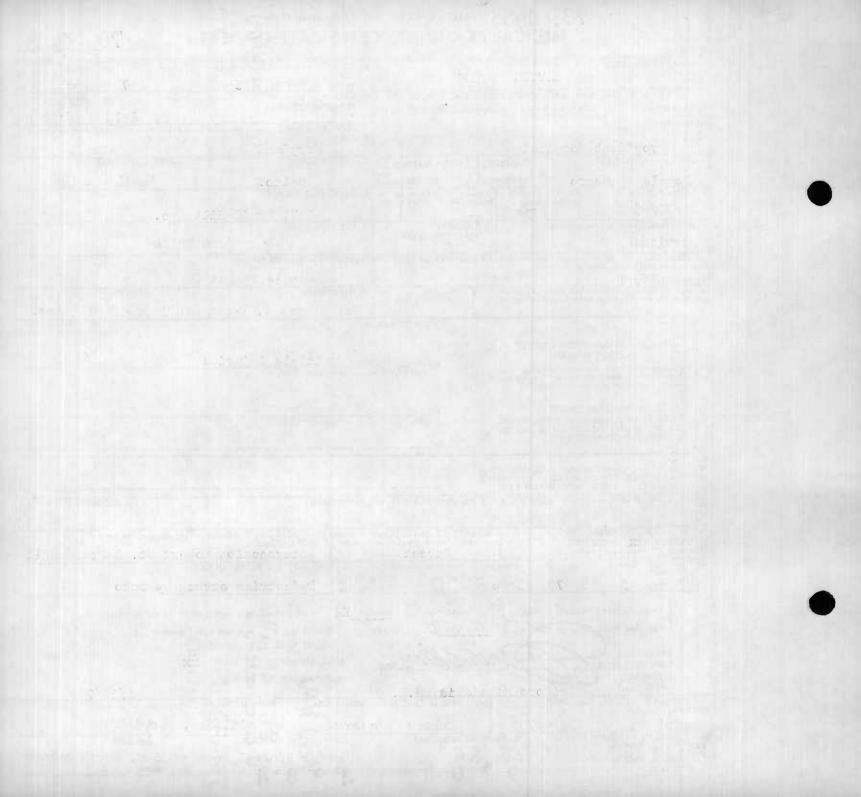
VS 150-REV. 1/1/68



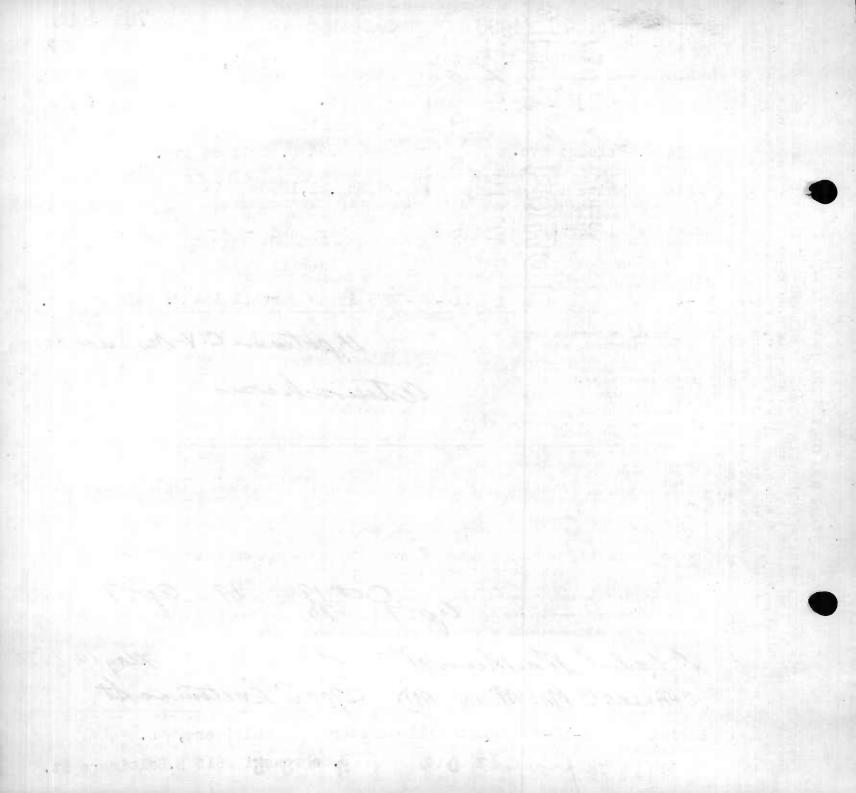
012	- ,	יחי	1000	BALTIMORE CITY	HEALT	H DEPARTMENT		70	4000	
BIRTH NO.		70 4	1930	CERTIFICA	TE C	F DEATH	REG. NO	.7.0	4900	
Type or Print)	IOR D	AN	To	HN Thomas			13.70		3 AM	,
3. PLACE IN BA	LTIMORE, MAI	YLAND, WI	HERE PRONO	UNCED DEAD	4. USU	AL RESIDENCE (When	e deceased lived. If in	stitution; res	idence before	admission
FULL NAME OF HOSPITAL OR INSTITUTION		IN HOSPITA	L OR INSTITUTION)	J'TION, GIVE STREET	M	D. S	BALTIMO	RE DE CITY LIN	283	3
34				BA	LTIMORE	-	YES P	NOU		
BON S	EC DUR	Hos	PITA	1-	E. STRE	ET AND NUMBER	IICH PI	140		
5. SEX	6. RACE			NEVER MARRIED	8. DATE	OF BIRTH	9. AGE (In years	If Under	1 Yr. If Und	ler 24 Hrs
M	W		WIDOWED [12/	02/04	last birthday)	Months	Days Hours	Min.
done during most of	UPATION (Give working life, eve	kind of work in if retired)	IOB, KIND OF	BUSINESS OR INDUSTRY	11. BIRT	HPLACE (State or larei	gn country)	12. CITIZI	EN OF WHAT	COUNTRY
SALESM	AN -S	TEWAR	T co.		Man	ryland		U.5	S.A.	
13. FATHER'S NA	ME				14. MO	HER'S MAIDEN NAM	AE			
JOH N	T. R.	IOR D	AN	SR.	MARGARET COLLINS					
15. Was Deceased (Yes, no ar unknawn	Ever in U. S. (If yes, give	Armed Ferce war or dates	es? of service)	1 6. SOCIAL SECURITY NO.	17. INFO	RMANT			ADDRESS	
unknown				212-09-5664	Mrs.	Dorothy R	lordan, 2519	Pick	vick Ros	ıd
18. 16 :	211			CAUSE OF DEAT	1			a.	APPROXIMATE I	N TERVAL
DISEA	SE OR COND LEADING TO		CTLY		-	APC A IS I. A	30.4		1	
(This does	nal mean the	mode al	dying, e.g.,	(A) IMMEDIATE CAU			of BROW	aru	1 yea	
heart failure,	asthenia, etc.	II means I	he disease, death.)	DOE 10, OK AS	CONSE	POENCE OF:			0	
	ANTECEDENT	CAUSES								
DISEASES (OR CONDITIO	ONS, il a	ny, giv i ng	DUE TO, OR AS	A CONS	QUENCE OF:				
rise la lh	e abave ca G CONDITION	use (A) :	slating the	(c)						
	11			(-/						
OTHER SIGNIE	CANT CONDIT	IONS CON	TRIBUTING					1		
DISEASE OR C	ONDITION GIV	EN IN PART	1 (A).	***************************************	1001				*************	
= none		WAS PERFO	RMED	HICH OPERATION	20A.	None No	IN CERTIFYING CAL	INDINGS O	CONSIDERED EATH?	
OR CONTRIBE	NT WAS UND	SF OF	21 B. hame etc.)	PLACE OF INJURY (e.g., in p. farm, factory, street, of	ar obout lice bldg.,	21 C. WHERE DID INJURY OCCUR?	(II In Baltimore	e City, give	exact lacation)	
OF INJURY	(Manth) (Do	y) (Yeor)		INJURY OCCURRED	***************************************	21f. HOW DID INJU	JRY OCCUR?			
(APPROX.)			Whit	e At Not While						
22. I certify	that (1) (this	hospital)	attended th	e deceased from	5.	11 1	970 to	5.1	2- 19	70.
	last saw the				19		it In (my) (our) apir			
and hour and	d fram the ca	uses state	d obave. (I)	(We) (did) (did not) v	lew the	bady after death.	•			
23A. SIGNATU	RE	11.	MK	Clos				23B. DATE	_	
Kalin	6. 2	KUT	7,09	GEGREE Phys	nding 🔲	Med. Director	Staff Phys.	5	13-70	
23C. PHYSICIA NAME (1	ype dam	B	Ken	M.b. Cab.	DON	SELOURI	HOTP BA	270 7	# 23	
24A. BURIAL CRE	MATION, 24B, Specily)	DATE	24C. NA	ME of CEMETERY OF CRE	MATORY	24D. LO	CATION (Cit	y, tawn, ar	county)	(Stote)
Burial		/16/70	Lo	rraine Park C	emete	rv Bal	timore. Mar	brafv		
MAY 14	1970		SBON AME O	CONTRACT O	25C.	FUNERAL DIRECTOR	1630 Edmond	ison A	V	1228
VS 150-REV. 1/1/	68		-		101/	16000	CM 1010	3416	05	

37 37 in the hear me into The solder where he was our over o

1 I I market	5-65.	4	4997		TE OF DEATH	REG. NO.	70 4997
(Ty	Po or Print	Mary F	Burnes	1 mes		ND HOUR OF DEATH	40 pm
		TIMORE MARYLAND				ere deceased lived tf in	nstitution; residence befare admission)
He	ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN HO	SPITAL OR INSTIT	IUTION, GIVE STREET		ltimore	IDE CITY LIMITS?
1	/				Catonsville	0. 1143	YES NO TE
12		our Hosipit	al		e. STREET AND NUMBER 409F Wheaton	Place	
	sex female	6. RACE	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9/23/1884	9. AGE (In years last birthdoy) 85	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
don	o during most of	JPATION (Give kind of a working life, even if retire	work IOB KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewi				Maryland		U.S.A.
13.	FATHER'S NA		tzpatriel	4	14. MOTHER'S MAIDEN NA	ME	
(Ye	s, no or unknown	Ever in U. S. Armed	Forces? lotes of servicel	1 6. SOCIAL SECURITY NO.	17- INFORMANT		ADDRESS
n	IB.			CAUSE OF DEAT	A. Regina Bur	ness, 409F W	Theaton Place
	this does not heart failure, injury or com DISEASES Of the later than the	LEADING TO DEAT of meon the mode asthenia, etc. If meo plicotion which caus ANTECEDENT CAUS R CONDITIONS, above couse () CONDITION lost.	of dying, e.g., ons the diseose, sed death.) SES	CANCE	CONSEQUENCE OF:	OUR (FECON	3 years
4	TO THE DEAT	CANT CONDITIONS (H BUT NOT RELATED TO DIDITION GIVEN IN F OPERATION 198. C.	THE TERMINAL	***************	2 DIAL WOUFF		10 years
RTIF	1 non	€ WAS P	ERFORMED		20A. AUTOPSY? (Yes of No	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
CAL	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examined	hom eic.	ie, torm, toctory, street, oil	or obout 21 C. WHERE DID ico bldg., INJURY OCCUR?	(II In Boltimore	e City, give exoct locotion)
	OF INJURY (APPROX)	(Month) (Doy) (Yes		INJURY OCCURRED Not White k At Work		URY OCCUR?	
		that (*) (this hospi lost saw the decea		he deceased from		19 70 to	5 (2 19 To
	ond hour and	from the causes s	toted abave. (1) (We) (did) (did not) vi	ew the body ofter deoth.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	were seem seconted on the dold
	23A. SIGNATU	(E	Herr	MBCLS After Phys.	ding Med.	Staff Phys.	5.12.70
	23C. PHYSICIAL NAME (Ty	PP C KERA	e MB	Chb.	BON RECOURS	HOSP BAL	70 # 23.
24A	BURIAL CREA	AATION, 24B, DATE	24C. N.	AME of CEMETERY of CREA			y, town, or county) (Stotel
25A	DATE RECT	BY HEALTH DEET.	70 I.c	Park FROSTRAR	25C. FUNERAL DIRECTOR	altimore, Ma	ryland ADDRESS
I mm /	114 13	III Omercan		ا الما الماسي	W142k8, 1630 J	Edmondson Av	e., 21228



VS 150-REV. 1/1/6B



JU 5000	CANTU DEDARTAPHY
11/ 663-14	CENTIFICATE OF DEATH 70 5000
	CERTIFICATE OF DEATH REG. NO. 70 5.000
I, NAME OF DECEASED	2. DATE Known Month Day Year Hour
(Type or Print) LAWRENCE ROLLINS	OF DEATH Estimoled 5 9 70 2.10 a
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD May 9, 1970 2:10 a
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
Johns Hopkins Hospital	A. STATE B. COUNTY 807
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Balto. YES NO D
9. DATE OF BIRTH 10. AGE (in years If Under 1 Yr. II Under 24 Hrs.	E. STREET AND NUMBER
5-9-1940 lost blethdoy) Months Doys Hours Min.	1524 North Bond St.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimore WHALCOUNTRY?	Hor Ollens
IAA. USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR	Y 15 MOTHER'S MAIDEN NAME
Un Known	Osabella y Kuffen
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or doles of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
(State of S	Mrs. Rolling 1504 1, Bonds
19. CAUSE OF DEA	ATH APPROXIMATE INTERV
DISEASE OR CONDITION DIRECTLY	Gunshot wound of the chest
LEADING TO DEATH (A)IMMEDIATE	CAUSE
heart tollure, asthenio, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or camplication which coused death.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	(AC DESCRIPTION OF THE PROPERTY (Value 1)
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No
	YES
	, in or obout 22C. WHERE DID (If in Baltimore City, give exact location) ce bidg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. Street 220. TIME (Month) (Doy) (Year) (Hour) 122E.INJURY OCCURRED	Broadway & Oliver Sts.
OE INITION	T WHILE -
(APPROX.) 5 9 70 2:00am. WORK ATV	WORK XXX Subject shot during altercation
I certify that I held on Inquiry I Inspection A	utopsy XX and that on this basis, death in my opinion
resulted from: Natural couses Accident Suici	
	CHIEF MEDICAL EXAMINER
ACTUAL A Mulatiful X	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
SIGNATURE M.E	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Isidore Mihalakis, M.D.	5/8/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 2-12-70 Caroken 11	Comoral Prince Geo to Ma
25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS
MAY 14 1970 Jaben E. Naiben 200	Layror Sandere 217 8. 11 restore
VS 151-REV. 1/1/68	- Compression